

Staff Initials \_\_\_\_\_ Phone \_\_\_ Walk-In \_\_\_ Fax-in \_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

Persons Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**WELCOME TO KAUAI THERAPY & WELLNESS MY NAME IS \_\_\_\_\_ WHAT IS YOURS?**

Hi (name) it is nice to meet you!  
Tell me **what's wrong, how can we help?**  
Is it a **LITTLE, MEDIUM, or ALOT?**  
Im **sorry** to hear that (name).. well your in good hands here.  
**WHEN** did it start?  
**HOW** did it start?  
Is there something you **REALLY WANT TO** do but cant?

Thats **horrible** (name).

Definitely sounds like you are a **good candidate for our services.**

Are you looking to get in right away, or can you wait a few days?

How will you pay for services?

Insurance: \_\_\_\_\_

Authorization Guidelines: \_\_\_\_\_

PT: \_\_\_\_\_

OT: \_\_\_\_\_

Okay (name) , I'm going to put you on a brief hold to see what I can do for you!

**GREAT NEWS!** (name) I can get you in \_\_\_\_\_ ! I have an \_\_\_\_\_ or \_\_\_\_\_ available, which do you **prefer?**

Ok, I got you down for (day) \_\_\_\_\_ at (time) \_\_\_\_\_.

What is your **EMAIL** and I will send you the confirmation and a link to our "Getting Started Video." Keep your eyes out for email.  
Do you know where we are **LOCATED?** Ok, great, The map is also the link I will send.

Urgency:/ ALOT \_\_\_ PostOP \_\_\_ Medium \_\_\_ Little

|                    |                                 |                                 |                |                      |                |
|--------------------|---------------------------------|---------------------------------|----------------|----------------------|----------------|
| PPO-Private insur. | Medicare                        | Medicaid                        | Workers Comp   | Auto                 | Lien           |
| Name:              | Supplemental Ins. Info (if app) | Supplemental Ins. Info (if app) | Employer info: | Ins. Name:           | Attorney info: |
| anyother plan?     |                                 |                                 |                | Police report/Case # |                |
| Are we accepting?  |                                 |                                 | Adjuster Name: |                      |                |

A

P

P

L

E

Travel fee?

Date and Time of Appointment