



General Info + Health History

How did you hear about us? (Please Check)

- 1) Doctor Referral: _____ 2) Family/Friends: _____ 3) Internet (Website/Social Media): _____
4) Print Media (Newspaper, Magazine, Valuebook): _____ 5) Other: _____

Print Name: _____ Date of Birth: _____ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Emergency Contact Name: _____ Contact#: _____ Relationship: _____

Occupation: _____ Employer: _____ Work Phone: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Primary Insurance: _____ Secondary Insurance: _____

How were you referred: _____ Physician: _____ Last Visit? _____

When did your pain or problem start? _____

What kind of pain do you have? _____ What have you done for it so far? _____

Primary Position During the Day? Standing ____ Sitting ____ Moving ____ Other: _____

Rate your pain: (0= no pain, 10= worst pain imaginable) Circle one: 0 1 2 3 4 5 6 7 8 9 10

Medications: _____

What Activities Cause Pain:

Sleeping ____ Turning in Bed ____ Sitting Up ____ Sitting ____ Standing Up ____

Walking ____ General Balance ____ Recent Falls ____ Climbing Stairs ____

Descending Stairs ____ Picking Something Off The Ground ____ Lifting Grocery Bag ____

Lifting Arms Up Over Your Head ____ Dressing ____ Brushing/Styling Hair ____

Washing/Grooming ____ Other _____

What Is The Most Difficult Thing For You To Do? _____

Current Occupation: _____ Hours Worked Per Day: _____ Per Week: _____

Previous Occupations: _____ How Are You Commuting: Drive Yourself ____ Bus ____ Train ____ Walk



Results

Physical Therapy

Any major physical traumas in your life? (Vehicle accidents, falls, surgeries, etc.) Yes ___ No ___ If yes, explain: _____

CURRENT PAIN SYMPTOMS

LOCATION	LEFT	RIGHT	INTERMITTENT (I) OR CONSTANT (C)	WHAT MAKES IT WORSE?	WHAT MAKES IT BETTER
Neck					
Upper back					
Shoulder(s)					
Low back					
Pelvis					
Hip(s)					
Knee(s)					
Ankle(s)/foot					
Elbow(s)					
Wrist/Hand(s)					

ANY MEDICAL HISTORY OF

		YES	NO			YES	NO
1	High Blood Pressure			10	Arthritis		
2	Cholesterol			11	Metal Implants		
3	Dizziness			12	Stroke or TIA		
4	Headaches			13	Hernia		
5	Asthma			14	Cancer		
6	Cardiac Problems			15	Endometriosis		
7	Pacemaker			16	Constipation		
8	Diabetes			17	Digestive Problems/Ulcers		
9	Circulatory Disorders			18	Depression		

Results Rehabilitation, Inc., 1224 Tenth Street Suite 204, Coronado, Ca, 92118

Phone: 619-437-6450, fax: 619-259-5197, www.resultsrehab.com





RESULTS REHABILITATION INC. (DBA Results Physical Therapy)
ACKNOWLEDGEMENT OF PATIENT INFORMATION PRACTICES

I understand that (Results PT) may disclose personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services or others listed on the notice. I understand that I have the right to restrict how my Protected Health Information (PHI) is used and disclosed for treatment, payment and administrative operations if I notify the practice.

I hereby consent to the use and disclosure of my PHI as noted in the Results PT notice of patient information practices. I understand that I retain the right to revoke this consent by notifying Results PT in writing at any time. I have read and fully understand Results Rehabilitation Inc. (Results PT) notice of patient information practices.

Print Full Name: _____

Patient or Guardian Signature: _____

RESULTS REHABILITATION INC. (DBA Results Physical Therapy)
Cancellation Policy

The following is our policy regarding cancellations and “no shows.” We take this subject seriously because it can make the difference between whether you succeed in your treatment goals or not. Showing up for your scheduled sessions is one of your most important jobs.

We require a 24 hour notice in the event of a cancellation.

1. This notice can be telephonic at 619-437-6450 or through e-mail at results@resultsrehab.com
2. There is a \$50.00 charge for a cancellation without a 24 hour notice or a “no-show.” This charge cannot be billed to your insurance making it your direct responsibility to pay.
3. Your missed appointment will be re-scheduled as soon as your and our schedules permit.
4. Your therapists are contracted clinicians and do not get reimbursed for your sudden cancellation or “no-Show.” Please be courteous to all of those involved and cancel with greater than 24 hour notice so the appropriate schedule adjustments can be made and allow us to serve other patients in need of our services.
5. We reserve the right to discontinue your treatments after a series of missed or canceled appointments.

Signature : _____

Date : _____

Results Rehabilitation, Inc., 1224 Tenth Street Suite 204, Coronado, Ca, 92118

Phone: 619-437-6450, fax: 619-259-5197, www.resultsrehab.com



BILLING INSURANCE:

Please **Check + Initial** the medical insurance plan that applies to you:

Workers compensation insurance: We will request authorization from your workers compensation insurance carrier on your behalf. We will not be responsible for costs incurred by the authorized treatment. You agree that Results Physical Therapy may release medical records to the insurance company for billing purposes. We are also obligated to inform the insurance earner and or the employee if appointments are not kept or compliance with your program is not met.

Medicare Insurance: We accept Medicare assignment and will bill the Medicare assigned insurance company for you. By law, you are responsible for 20% copayment as well as any deductible cost. You will be billed for any copayments after we received Medicare explanation of benefits. Balances that remain after 45 days for billing will be subject to interest up to maximum of 1.5 percent but not in excess of the maximum interest rate allowed by law. There is a \$25 fee for returned checks.

Other Insurance plan: As a courtesy to you, our office will contact your insurance company requesting information regarding you deductible, copayment and terms of coverage for services. We will inform you of their quote to us but it's not a guarantee of their corporation of payment. Your Insurance policy is a contract between you and your insurance carrier. Results Physical Therapy is not part of this contract. Results Physical Therapy is or is not a participating provider.

Your deductible and copayment are due at the time services. Your copayment for the treatment is depending on your insurance policy and/or contractual rate reimbursement by your insurance. There is a \$25 fee for returned checks. Most policies allow six weeks from the date of treatment for payment if your deductible and any percentage insurance does not cover. Please be aware that some, and perhaps all, of the services provided may be non-covered services and are not considered reasonable and necessary under your medical insurance. We reserve the right to charge interest on the outstanding concept of 1.5% per month but not in excess of the maximum interest allowed by law. If it becomes necessary for the account to refer to an attorney for collection or collections agency, you're liable for reasonable attorneys fees and collection expenses.

Please sign below, indicating that you have read the above and to agree to the terms set forth. By signing below, you further agree to final and binding arbitration for any and all claims, disputes or controversies arising between you and Results Physical Therapy, whether contractual, statutory or common law. Additionally you agree to waive your rights to a jury trial and to utilize the services of, and to arbitrate under the rules promulgated by the American Arbitration Association.

Signature : _____

Date : _____





Waiver and Release of Liability

DECLARATIONS: The provision of physical therapy services and personal training (in-person and/or off-site) by RESULTS REHABILITATION, INC. ("RRI") to Client _____ ("Client"), and Client's use of any premises, facilities or equipment are contingent upon this Agreement.

I acknowledge and agree to receive care and use of equipment provided by RESULTS REHABILITATION INC ("RRI"), at on its facility located on site at 1224 10th St Suite 204, Coronado, CA 92118. I further acknowledge and agree to receive care provided by RRI and use of equipment located at non-owned off-site facilities, as well as at other non-owned offsite promotional events and educational workshops, as follows:

ASSUMPTION OF RISK: RRI and Client acknowledge that the therapy services here under include participation in various physical activities. I fully understand and acknowledge that

(a) the activities in which I will engage as part of the treatment provided by RRI and the physical therapy activities and equipment I may use as a part of that treatment have inherent risks, dangers, and hazards and such exists in my use of any equipment and my participation in these activities;

(b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that, could cause serious disability;

(c) these risks and dangers may be caused by the negligence of the representatives or employees of RRI, the negligence of the participants, the negligence of others, accidents, breaches of contract, or other causes.

By my participation in these activities and for use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or the conduct of the representatives or employees of RRI, or by any other person at such premises where RRI provides services to the Client. Client affirms that other than the physical disabilities or medical limitations disclosed to RRI, the client is in good physical condition that would not prevent participation in the physical exercises. We suggest you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. RRI and client acknowledge participation will be physically and mentally challenging, and RRI and Client agree that it is the responsibility of Client to seek competent medical or other professional advice, regarding any concerns or question involved with the ability of the Client to take part any physical activities.

You agree that if you engage in any physical exercise or activity, including therapy and personal training, or enter our premises or use any facility or equipment on our premises where services are provided by RRI for any purpose, or are provided services by RRI, including any off-site non-owned facility where RRI provides such services to Client, you do so at your own risk and assume the risk of any and all injury and/or damage you may suffer, whether while engaging in physical exercise or not. This includes injury or damage sustained while and/or resulting from using any such premises or facility, or using any equipment, whether provided to you by RRI or otherwise, including injuries or damages arising out of the negligence of RRI, whether active or passive, or any of RRI's affiliates, employees, agents, representatives, successors, and assigns. Your assumption of risk includes, but is not limited to, your use of any exercise equipment (mechanical or otherwise), or other areas,



Results

Physical Therapy

sidewalks, parking lots, stairs, waiting area, restrooms, or other general areas of any facilities, or any equipment. You assume the risk of your participation in any activity, class, program, instruction, or event, including but not limited to weightlifting, walking, running, aerobic activities, or any other physical therapy related endeavor. You agree that you are voluntarily participating in the aforementioned activities and assume all risk of injury, illness, damage, or loss to you or your property that might result, including, without limitation, any loss or theft of any personal property, whether arising out of the negligence of RRI or otherwise.

RELEASE: You agree on behalf of yourself (and all your personal representatives, heirs, executors, administrators, agents, and assigns) to release and discharge RRI (and RRI's affiliates, related entities, employees, agents, representatives, successors, and assigns) from any and all claims or causes of action (known or unknown) arising out of the negligence of RRI, whether active or passive, or any of RRI's affiliates, employees, agents, representatives, successors, and assigns. This waiver and release of liability includes, without limitation, injuries which may occur as a result of (a) your use of any exercise equipment or facilities which may malfunction or break, (b) improper maintenance of any exercise equipment, premises or facilities, (c) negligent instruction or supervision, including personal training and therapy exercises, (d) negligent hiring or retention of employees, and/or (e) slipping or tripping and falling while on any portion of a premises or while traveling to or from therapy or personal training, including injuries resulting from RRI's or anyone else's negligent inspection or maintenance of the facility or premises.

INDEMNIFICATION: By execution of this agreement, you hereby agree to indemnify and hold harmless RRI from any loss, liability, damage, or cost RRI may incur due to the provision of physical therapy or training by RRI to you.

ACKNOWLEDGMENTS: You expressly agree that the foregoing release, waiver, assumption of risk and indemnity agreement is intended to be as broad and inclusive and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. You acknowledge that RRI offers a service to his/her clients encompassing the entire physical therapy spectrum. RRI is not regularly in the business of selling weightlifting equipment, exercise equipment, or other such products to the public, and the use or sale of such items is incidental to the service provided by RRI. You acknowledge and agree that RRI does not place such items into the stream of commerce. This release is not intended as an attempted release of claims of gross negligence or intentional acts. You acknowledge that you have carefully read this waiver and release and fully understand that it is a release of liability, express assumption of risk and indemnity agreement. You are aware and agree that by executing this waiver and release, you are giving up your right to bring a legal action or assert a claim against RRI for RRI's negligence, or for any defective product used while receiving personal therapy or personal training from RRI. You have read and voluntarily signed the waiver and release and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE RRI FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Client Name (print) _____ Date of Birth _____
Signature _____ Date _____





RELEASE FOR USE OF PHOTOS AND LIKENESS

We consider our center to be a center of excellence and occasional take photographs, videos, and other forms of media of our clients and facility and/or services for educational and promotional use. This may include, but is not limited to, book publications, journal article publications, promotional use on our websites, and social media accounts.

I understand that RESULTS REHABILITATION INC ("RRI"), its representatives, agents, or volunteers, may take photographs, of the facilities, including its employees, program participants, and visitors, which includes me and/or my child. This permission for release, without compensation or prior notice, would allow RRI to use mine and/or my child's photographs in its printed materials, publications, presentations, Internet website, and Facebook for commercial purposes relating to RRI's business only. Therefore, I hereby freely and voluntarily consent to the use and publication of mine and/or my child's name, picture, and/or likeness by RRI and/or its employees and/or agents for any and all purposes related to promotional and advertising efforts, through any medium or format, including, but not limited to, videotape, audiotape, film, photograph, television, radio, digital, internet, theater, or exhibition, at any time from this date forward until I revoke this consent in writing. I further waive any claims against RRI and/or its employees and/or agents based upon or related to its use or publication of mine and/or my child's likeness, voice, participation, and/or picture. I freely give this authorization without expectation of compensation.

__. "I ALLOW Results Physical Therapy to use my photos for promotional materials."

__. "I DO NOT ALLOW Results Physical Therapy to use my photos for promotional materials."

Printed Name Signature Date

I freely give this authorization on behalf of my child, without expectation of compensation.

Printed Child's Name and Date of Birth Date

Signature of Minor's Parent/Guardian Printed Name of Minor's Parent/Guardian

