



Personal Information Form

Today's Date: _____

Sports Performance Participant

Last Name: _____ First Name: _____ M.I. _____

Date of Birth: _____ Age: _____

Sex: Male / Female

SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Alternate Phone: _____

Parent or Legal Guardian

Last Name: _____ First Name: _____ M.I. _____

Date of Birth: _____ Age: _____

Sex: Male / Female

SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Email Address: _____

Relationship to participant: _____

By signing below you are acknowledging that the above information is correct and that Premier Physical Therapy and Sports Performance, LLC has the right to use this information for purposes relating to your participation in and payment for programs and services provided by Premier Physical Therapy and Sports Performance, LLC.

Signature of participant: _____ Date: _____

Signature of parent or legal guardian: _____ Date: _____



HEALTH HISTORY

Patient Name: _____ Today's Date: _____

Have you ever had these symptoms before (circle): Yes / No - If yes, when: _____

Date of Injury/onset: _____

The following is a list of common health problems. In the first column please indicate if you currently or have ever had any of the problems in the past. In the second column please indicate if you are currently receiving treatment for the problem. In the last, please indicate if the problem currently limits any of your daily activities.

	Do you or have you had the problem?		Do you currently receive treatment for this problem?		Does this problem limit your daily activities?	
	Yes	No	Yes	No	Yes	No
Heart Disease/Heart Attack						
High or Low Blood Pressure						
Lung Disease or Asthma						
Diabetes						
Ulcer or Stomach Disease						
Nausea or Vomiting						
Hernia						
Kidney Disease						
Liver or Gall Bladder Problems						
Drug or Alcohol Abuse						
Bipolar Disorder						
Anemia or Blood Condition						
Ringing in the Ears						
Autism Spectrum Disorder						
Cancer						
Sexual Dysfunction						
Anxiety or Depression						
Seizures						
Fainting Spells						
Headaches						

Dizziness or Vertigo	Yes	No	Yes	No	Yes	No
Nerve Disease or Disorder	Yes	No	Yes	No	Yes	No
Muscle Disease or Disorder	Yes	No	Yes	No	Yes	No
Auto Immune Disease	Yes	No	Yes	No	Yes	No
Hearing Loss	Yes	No	Yes	No	Yes	No
Vision Loss	Yes	No	Yes	No	Yes	No
Arthritis	Yes	No	Yes	No	Yes	No
Communication Problems	Yes	No	Yes	No	Yes	No
Allergies	Yes	No	Yes	No	Yes	No
Skin Disorders	Yes	No	Yes	No	Yes	No
Are you Pregnant?	Yes	No	Yes	No	Yes	No
Smoking/Tabacco Use	Yes	No	Yes	No	Yes	No
Bowel or Bladder Irregularities	Yes	No	Yes	No	Yes	No
Menstrual Irregularities	Yes	No	Yes	No	Yes	No
Recent Unexplained Weight Gain or Loss	Yes	No	Yes	No	Yes	No
History of Stroke	Yes	No	Yes	No	Yes	No
Osteoporosis/Osteopenia	Yes	No	Yes	No	Yes	No
Numbness or Tingling	Yes	No	Yes	No	Yes	No
Shortness of Breath	Yes	No	Yes	No	Yes	No

Surgeries with corresponding dates:

Current Medications and reasons for taking:

Signature:

Date:

Relationship to patient:



Consent Form

Participant Name: _____ **Date of Birth:** _____

Consent to Participation and/or Treatment of an Injury:

I, the undersigned, give the staff of Premier Physical Therapy & Sports Performance LLC or any partners or affiliates acting on behalf of Premier Physical Therapy & Sports Performance LLC, consent to perform any and all tests or performance examinations and/or any and all sports performance enhancement methods. If I am injured or have any ailment that occurs while participating in a program administered by the staff of Premier Physical Therapy & Sports Performance LLC or any partners or affiliates acting on behalf of Premier Physical Therapy & Sports Performance LLC or have an injury or ailment that may affect my participation in said programs, I give the staff of Premier Physical Therapy & Sports Performance LLC or any partners or affiliates acting on behalf of Premier Physical Therapy & Sports Performance LLC, consent to treat my injury or ailment as they deem medically necessary.

Consent to Use of Information

I understand that the information concerning my sports performance tests and examinations, sports performance enhancement methods, and any injury or ailment I may have are confidential and will only be released upon my written consent. All management of clinical data, which may include any information gathered during my time with Premier Physical Therapy & Sports Performance LLC or any partners or affiliates acting on behalf of Premier Physical Therapy & Sports Performance LLC or photographs, may be used in publications or presentations deemed reasonable by Premier Physical Therapy & Sports Performance LLC or any partners or affiliates acting on behalf of Premier Physical Therapy & Sports Performance LLC. No identifying information will be disclosed and use of the data will fulfill compliance with HIPPA guidelines.

Participant Signature: _____ Date: _____

Parent or Legal Guardian Signature: _____ Date: _____



Waiver, Medical and Promotional Release

- 1. In consideration of being permitted to participate in all programs, services, professional advice and recommendations offered by Premier Physical Therapy and Sports Performance LLC and the use of their facilities, equipment, training, in addition to the payment of any fee or charge, I do hereby intend to be legally bound for myself, my heirs and assigns, executors or administrators and/or guardian of my son(s)/my daughter(s)/my ward(s) and forever waive, release, and discharge Premier Physical Therapy and Sports Performance, LLC and/or its officers, agents, employees, representatives, executors, contractors, sub-contractors, and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person, my child, my ward and/or property, which may occur as a result of: (a) use of all amenities and equipment in the facility and participation in any service provided in the form of assessments, activities, classes, programs, training sessions, demonstration, instruction, (b) the sudden and unforeseen malfunctioning of any equipment, device, or instrument, (c) our professional advice, instruction, demonstration, training, supervision, or dietary recommendations, (d) your slipping and/or falling while in the facility, on the facility premises, including sidewalks and adjacent parking areas and (e) those arising from the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of connected with my participation in any activities, programs, services, professional instruction, demonstration, advice, and recommendations of Premier Physical Therapy and Sports Performance, LLC and/or the use of any equipment at various non-affiliated sites, including personal residence, provided by and/or recommended by Premier Physical Therapy and Sports Performance, LLC. (please initial _____)
- 2. I am aware that although Premier Premier Physical Therapy and Sports Performance, LLC and/or their officers, directors, owners, and employees make reasonable efforts to make each individual's training a safe and productive experience, that there are inherent risks which occur as a result of such physical activity. I acknowledge that an individual and/or athlete, when training, through no fault of his/her own, his/her trainer(s) or the facility may become injured for a variety of reasons that are unavoidable. I acknowledge that I, my child/ward have voluntarily applied to participate in the programs and services offered by Premier Premier Physical Therapy and Sports Performance, LLC and understand the risks and potential risks associated with vigorous exercise and athletic training, including the use of equipment. I also have been informed, understand, and am aware that physical activity and conditioning activities involve a risk of injury including a remote risk of death or serious disability, and that I am and/or allowing my child/ward to voluntarily participate in these activities and the use of equipment and machinery with full knowledge, understanding, and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (please initial _____)
- 3. I do hereby declare myself and/or my child/ward to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my or my child's/ward's participation in any services or use of equipment or machinery. I further declare that I and my child/ward carry full and complete medical insurance coverage. I understand that Premier Physical Therapy and Sports Performance, LLC and/or provisions and maintenance of a athletic training, exercise, fitness, and any other service or program for me does not constitute an acknowledgement, representation, or indication of my physiological well-being, or a medical opinion relating thereto and will not render any medical services including medical diagnosis of my or my child/ward's physical condition. I do hereby acknowledge that I have been informed of the recommendation for a physician's approval for myself and/or my child's/ward's prior to participation in the programs and services offered. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examinations and consultations with my physician as to physical activity, exercise, and the use of exercise equipment. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in the exercise activities, programs, and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs, and use of equipment. I acknowledge that if I or my child/ward has a history of heart disease the appropriate medical clearance must be received via written Physician's referral prior to eligibility and registration. (please initial _____)
- 4. In additional consideration of being permitted by Premier Physical Therapy and Sports Performance, LLC to participate in its programs and use of facilities, I hereby permit Premier Premier Physical Therapy and Sports Performance, LLC to use my and/or my child/ward's name, image, and likeness for promotional purposes limited to its programs and services and facilities. Premier Physical Therapy and Sports Performance, LLC and/or promotional mediums include but are not limited to research presentations, print, radio, video, television, and the Internet.

I acknowledge that I have read this waiver and release and fully understand its contents. I have been informed of the potential dangers and risks of injury and I am fully aware of the legal consequences of signing this release. I voluntarily agree to the terms and conditioning stated above.

Name of Participant (please print): _____ Date: _____

Signature of Participant: _____

Name of Parent or Legal Guardian (please print): _____

Signature of Parent or Legal Guardian: _____



HIPAA Compliance Statement

I consent to the use or disclosure of my protected health information by Premier Physical Therapy & Sports Performance, LLC, for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Premier Physical Therapy & Sports Performance, LLC. I understand that diagnosis or treatment may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Premier Physical Therapy & Sports Performance, LLC, is not required to agree to the restrictions that I request. However, if Premier Physical Therapy & Sports Performance, LLC, agrees to a restriction that I request, the restriction is binding on Premier Physical Therapy & Sports Performance, LLC.

I have the right to revoke this consent, in writing, at any time, except to the extent that Premier Physical Therapy & Sports Performance, LLC, has taken action in reliance on this consent.

My "protected health information" means health information, including my demographic information collected from me and created or received by my physician, another health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is reasonable basis to believe the information may identify me.

I understand I have the right to review Premier Physical Therapy & Sports Performance, LLC Notice of Privacy Practices prior to signing this document. Premier Physical Therapy & Sports Performance, LLC Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Premier Physical Therapy & Sports Performance, LLC. Premier Physical Therapy & Sports Performance, LLC Notice of Privacy Practices is provided at the registration desk.

Premier Physical Therapy & Sports Performance, LLC, reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices at the registration desk.

Signature of Patient or Personal Representative

Date

Printed Name of Patient or Personal Representative