

CLIENT INTAKE FORM

Welcome to our practice!

Please help us serve you better by taking a few minutes to provide the following information.

Last Name		First Name		Today's Date:	
Address				DOB:	
				Age:	
				Gender:	
				M F	
Phone (preferred):			Phone (secondary, if applicable):		
Email:				Text OK?	
				Y N	
Occupation:			Employer		
Who can we release information to? (name and phone #)					
Emergency contact (name and phone #):					
Referring Physician or Primary Care Physician:					
How did you hear about us?					
Who can we thank for referring you to our practice?					

HOW CAN WE HELP YOU?

The following is very important in our evaluation process.

Please fill out these forms as specifically as possible to provide us with a clear picture of your present pain and functional status.

What is the primary issue that brings you here?	
What is your secondary concern/problem?	
When did your symptoms begin?	
As a result, I'm having difficulties with:	



Please list your current medications: _____

Please check the box if you have any of the following conditions:

Check the box if you have had any of the following medical conditions?											
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Lung disease	<input type="checkbox"/>	Weight change	<input type="checkbox"/>	Varicose veins	<input type="checkbox"/>	Neurological problems	<input type="checkbox"/>	Pregnancy
<input type="checkbox"/>	Rheumatic fever	<input type="checkbox"/>	Osteoporosis	<input type="checkbox"/>	Migraine headaches	<input type="checkbox"/>	Epilepsy / seizures	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	Blackouts
<input type="checkbox"/>	Heart Murmur	<input type="checkbox"/>	Malignancy	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Broken bones (fracture)	<input type="checkbox"/>	Metal implants	<input type="checkbox"/>	High blood pressure
<input type="checkbox"/>	Circulatory problems	<input type="checkbox"/>	Liver disease	<input type="checkbox"/>	Heart disease / pacemaker	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	Others (explain below)		

Please list previous surgeries, with date:

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Lifestyle questions:

Do you smoke?	Y	N	Any chance you can be pregnant?	Y	N
Do you exercise regularly?	Y	N	How is your nutrition?	Good	Can be better
Shortness of breath?	Y	N	How is your sleep?	Good	Can be better

Runners' Edge Alaska Policies

Cancellation and No Show Policy

All cancellations need to be made 24 hours prior to your appointment. We value your time, please value our time. Cancellations within 24-hour period will be subject to \$50 charge. If you need to reschedule, please email info@runnersedge.physio or call 907-929-9009.

Payment Policy

Payment, in the form of cash, check or credit card, is due at the time of each visit.

We are not contracted with any insurance companies. However, the payments you make may be reimbursable by your insurance company under your out of network physical therapy benefits; the exact percentage depends upon your plan. Due to the complex nature of insurance claims and reimbursement, we make no promises as to whether you will receive reimbursement.

We will assist you in every way possible. Payment is due at the time of service.

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And the legal stuff:		
Waiver signed? Y N	Payment/ cancellation/ No show policy signed? Y N	HIPAA consent form signed? Y N
Consent for treatment: _____ I hereby agree to receive treatment from Runners' Edge Alaska.		
Electronic Communication: _____ I agree to let Runners' Edge Alaska electronically send me education/information/questions regarding my care		
Client Signature:		Date :
Parent Name (IF MINOR)		Parent contact phone
Parent/Guardian signature		Date

Runners' Edge Alaska - HIPAA CONSENT FORM

FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Client information will be maintained by Runners' Edge Alaska as described by the Notice of Privacy Practices contained in the Corporate Compliance Program and in compliance with federal and state regulation. You may obtain a copy of the Notice of Privacy Practices by contacting the Office Manager.

Runners' Edge Alaska reserves the right to release your healthcare information based upon a decision by your physician for medical emergency situations and in general for continuity of care. We will release your healthcare information to third party payers in order to receive payment for services. We will use your healthcare information as needed to maintain our internal operations. We will release your information to anyone else that you may elect in writing to receive it. We will release information related to any work related injury to your employer. For continuity and quality of care, we may also receive information regarding your prescriptions from your pharmacy.

We reserve the right to:

- Call you to remind you of your next appointment and/or leave information on your answering machine.
- Call you with lab and/or test results and leave information on your answering machine.

At what number(s) would you like to be contacted? _____ - _____ - _____

If we cannot contact you at the above number(s), numbers from the information sheet will be used.

If there is anyone that you would like us to share your health information with, please list the names below:

I have read and understand my rights.

Signature of client or legal guardian

Date

Signature of Runners' Edge Alaska witness

Print the name of the client

DOB

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WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of injury while participating in physical therapy evaluation and treatment (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Runners' Edge Alaska, LLC, located at 11124 Old Seward Hwy, Ste 200, Anchorage, Alaska 99515, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.

I agree to indemnify and hold harmless Runners' Edge Alaska, LLC against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Runners' Edge Alaska, LLC incurs any of these types of expenses, I agree to reimburse Runners' Edge Alaska, LLC.

I acknowledge that Runners' Edge Alaska, LLC and their directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Runners' Edge Alaska, LLC.

I ACKNOWLEDGE THAT THIS ACTIVITY MAY INVOLVE A TEST OF A PERSON'S PHYSICAL AND MENTAL LIMITS AND MAY CARRY WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY, AND PROPERTY LOSS. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE RUNNERS' EDGE ALASKA, LLC AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP

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OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST RUNNERS' EDGE ALASKA, LLC FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Runners' Edge Alaska, LLC, its agents, and employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

This Agreement was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both the Participant, _____, and Runners' Edge Alaska, LLC agree that this Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

In the event of an emergency, please contact the following person(s) in the order presented:

Emergency Contact

Contact Relationship

Contact Telephone

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I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

Participant's Name:

Participant's Address:

Signature:

Date:

PARENT / GUARDIAN WAIVER FOR MINORS

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent / Guardian Name:

Relationship to Minor:

Signature:

Date:

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