



**Mary Chu, PT DPT**  
**(619)880-0748**

### Client Intake Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (home) : \_\_\_\_\_ cell: \_\_\_\_\_

May we leave messages at the numbers above? Yes / No

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: M / F

Email address: \_\_\_\_\_

Emergency Contact/ Legal Guardian: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

(if minor) Parent/ Guardian Name and Signature: \_\_\_\_\_

How did you hear about the Active Recovery Lab? \_\_\_\_\_



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### **Waiver and Release of Liability**

**In agreeing to receive care provided by Active Recovery Lab in San Diego, California, USA, I agree as**

**follows:**

I fully understand and acknowledge that (a) the activities in which I will engage as part of the treatment provided by the Active Recovery Lab and the 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 the Active Recovery Lab, 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 the Active Recovery Lab, or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify the Active Recovery Lab, and their representatives, employees, and assigns from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of any equipment or participation in these activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the representatives or employees of the Active Recovery Lab.

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

Name (print) \_\_\_\_\_ Date of birth \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



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### **INFORMED CONSENT TO PHYSICAL THERAPY EVALUATION AND TREATMENT**

I hereby consent to evaluation and/or treatment of my condition by a licensed physical therapist employed by the Active Recovery Lab.

The physical therapist has fully explained to me the nature and purposes of the procedures, evaluation and course of treatment.

The physical therapist has informed me of expected benefits and possible complications or discomfort, which may result from skilled physical therapy care. In addition, the physical therapist has explained to me the risks of receiving no treatment.

I may experience an increase in my current level of pain or discomfort, or an aggravation of my existing injury or condition. This discomfort is usually temporary; if it does not subside in a reasonable time period, I agree to contact my physical therapist.

I may experience an improvement in my symptoms and an increase in my ability to perform daily activities. I may experience increased strength, awareness, flexibility and endurance in my movements. I may experience decreased pain and discomfort. I should gain a greater knowledge about managing my condition and the resources available to me.

The physical therapist has explained that there is no guarantee that the proposed course of treatment will improve my condition and that is possible, although unlikely, that the course of treatment may cause additional pain or discomfort or aggravate my condition.

In order for physical therapy treatment to be effective, I must come to scheduled appointments unless there are unusual circumstances. I understand and agree to cooperate with and perform the physical therapy program intended for me. If I have trouble with any part of my treatment program, I will discuss it with my therapist.

The term "informed consent" means that the potential risks, benefits, and alternatives of physical therapy treatment have been explained to me. The therapist provides a wide range of services and I understand that I will receive information at the initial visit concerning the treatment and options available for my condition.

I have been given an opportunity to ask questions, and all my questions have been answered to my satisfaction. I confirm that I have read and fully understand this consent form. In the event of a change in medical status, I understand that my treatment may be

modified, stopped, or referred out to the proper practitioner. I reserve the right to withdraw at any time.

**Signature of Patient/relative or guardian:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Relationship of signor to Patient, if signed by person other than Patient:** \_\_\_\_\_