CLIENT APPLICATION

CONTACT INFORMATION

Full Name: ____ Date of Birth: ___ /___ /_____

Address: ________________________________City: _______________State: _____ Zip Code: ________

Home Phone: ________________ Cell Phone: _________________

Email: ____________________________ Would you mind email reminders? Yes ☐ No ☐

How did you hear about NeuMotion Rehab: ____

DEMOGRAPHICS

Age: _____ Height: ________ Sex: ______ Weight: ________

What is your injury? ______________________________ Date of injury: ___ /___ /_____

Asia Level/Score: _________ Diagnosis: ____ Complete or ____ Incomplete

How were you injured? ____

Date of Last Medical Examination: __________________________

EMERGENCY CONTACT INFORMATION

Name: ___________________________ Phone: _________________ Relationship to Client: __________

CURRENT PHYSICIAN INFORMATION

Name: ______________________________ Phone: _________________

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PHYSICAL ABILITIES AND MEDICAL REPORT

Lower Extremities:

____
____
____

Trunk:

____
____
____

Upper Extremities

____
____
____

List any specific considerations:

____
____
____

Describe your ability to transfer:

____
____

Describe your ability to roll in bed:

____
____

Do you experience spams?
_____ YES or _____ NO. If so, provide details: ____

Do you experience Autonomic Dysreflexia?
_____ YES or _____ NO. If so, provide details: ____

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Do you have a history of Urinary Tract Infections?
_____ YES or _____ NO. If so, provide details: ____

Do you have a history of pressure sores/skin breakdown?
_____ YES or _____ NO. If so, provide details: ____

Please describe area of normal sensation:
____
____

Please describe area(s) of little to no sensation:
____
____

Briefly describe muscles that have normal movement:
____
____

Briefly describe muscle that have little to no movement:
____
____

Describe areas of pain/sensation,
Oversensitivity: ____
Undersensitivity: ____
Hot/Cold: ____
Deep/Light Touch: ____
Tingling/Burning sensation: ____
Sweating above/below injury: ____
Proprioception: ____

Previous Rehabilitation:____

Last Date Attended: ___ /___ /_____

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Progress Achieved: ____

____

Currently participating in a physical/occupational therapy program?
_____ YES or _____ NO. If so, where? ____
Point person to contact: ____

Are you currently following a Home Exercise Program?
_____ YES or _____ NO. If so, provide details: ____________________________________

MEDICAL QUESTIONNAIRE

Have you ever, or are you presently being treated for any of the following conditions?

Yes ☐ No ☐ Any Heart condition
Yes ☐ No ☐ High or Low Blood Pressure
Yes ☐ No ☐ High Cholesterol
Yes ☐ No ☐ Any Respiratory condition
Yes ☐ No ☐ Diabetes
Yes ☐ No ☐ Angina/Chest Pain
Yes ☐ No ☐ Anxiety/Panic Disorder
Yes ☐ No ☐ Depression
Yes ☐ No ☐ Multiple Sclerosis
Yes ☐ No ☐ Bleeding disorder
Yes ☐ No ☐ Hernia
Yes ☐ No ☐ Pregnancy
Yes ☐ No ☐ Pacemaker
Yes ☐ No ☐ Nausea/Vomiting
Yes ☐ No ☐ Skin Abnormalities
Yes ☐ No ☐ Cancer
Yes ☐ No ☐ GI/Bowel condition
Yes ☐ No ☐ Bladder condition

Yes ☐ No ☐ Allergies
Yes ☐ No ☐ Headaches
Yes ☐ No ☐ Stroke or TIA
Yes ☐ No ☐ Epilepsy
Yes ☐ No ☐ Hearing Impairment
Yes ☐ No ☐ Visual Impairment
Yes ☐ No ☐ Kidney problems
Yes ☐ No ☐ Liver/Gallbladder problems
Yes ☐ No ☐ Tuberculosis
Yes ☐ No ☐ Hepatitis A, B, C
Yes ☐ No ☐ Tuberculosis
Yes ☐ No ☐ Metal implants
Yes ☐ No ☐ Arthritis
Yes ☐ No ☐ Osteoporosis
Yes ☐ No ☐ Osteopenia
Yes ☐ No ☐ Fracture or
Yes ☐ No ☐ Back Pain/Back Injury

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If you answered yes to any of the above conditions please provide details:

____
____
____
____

List all medications you are taking:

_____________________________________ _____________________________________
_____________________________________ _____________________________________
_____________________________________ _____________________________________
_____________________________________ _____________________________________

Have you had a bone density assessment within the last year? ____ YES or ____ NO

Results: Normal _______ Other: ____

CLIENT AGREEMENT

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1. Waiver of Liability
   a. The client acknowledges that any activities the client participates in at NeuMotion Rehab, LLC, Ascanio Physical Therapy, LLC DBA Healthy Body Physical Therapy and IMF2, LLC DBA In Motion Fitness, can challenge the client's physical and mental tolerance and carry the potential of severe injury. The client hereby assumes responsibility of participating in any and all activities and functions provided by the above stated companies and staff. The client understands that physician advice is encouraged if the client has questions about a specific medical condition.

   b. The client waives, releases and discharges from any and all claims or liabilities for any loss, damage, theft or injury of any kind which arise out of or related to its participation in, or its traveling to and from the NeuMotion Rehab facility; including, but not limited to, 1) any known and unknown, foreseen and unforeseen bodily and personal injury, 2) loss of life, and 3) any attorney's fees, costs, expenses, or charges sustained, directly or indirectly, or alleged to have been sustained, or in any fashion arising from, in connection with, or resulting from its participation in NeuMotion Rehab, LLC, Ascanio Physical Therapy, LLC DBA Healthy Body Physical Therapy and IMF2, LLC DBA In Motion Fitness, even if due to the negligence of NeuMotion Rehab, LLC, Ascanio Physical Therapy, LLC DBA Healthy Body Physical Therapy and IMF2, LLC DBA In Motion Fitness or any employee, volunteer, director, officer, client, owner or agent thereof.

   c. Client will indemnify and hold harmless NeuMotion Rehab, LLC, Ascanio Physical Therapy, LLC DBA Healthy Body Physical Therapy and IMF2, LLC DBA In Motion Fitness any and all employees, volunteers, directors, officers, clients, owners and agents thereof from any claim, demand and/or cause of action of any nature whatsoever, related to Client's participation in NeuMotion Rehab, LLC,

Ascanio Physical Therapy, LLC DBA Healthy Body Physical Therapy and IMF2, LLC DBA In Motion Fitness, even if due to the negligence of NeuMotion Rehab, LLC, Ascanio Physical Therapy, LLC DBA Healthy Body Physical Therapy and IMF2, LLC DBA In Motion Fitness, including, but not limited to any and all losses, liabilities, damages, costs and expenses (including reasonable attorney fees) arising out of such actions.

d. Client will indemnify and hold harmless NeuMotion Rehab, LLC, Ascanio Physical Therapy, LLC DBA Healthy Body Physical Therapy and IMF2, LLC DBA In Motion Fitness any and all employees, volunteers, directors, officers, clients, owners and agents thereof from any claim, demand and/ or cause of action of any nature whatsoever, related to Client's participation with off duty NeuMotion Rehab, LLC, Ascanio Physical Therapy, LLC DBA Healthy Body Physical Therapy and IMF2, LLC DBA In Motion Fitness employees, volunteers, directors, officers, clients, owners and agents (the individuals) in any and all personal activities not related to the individuals' function as representatives of NeuMotion Rehab, LLC, Ascanio Physical Therapy, LLC DBA Healthy Body Physical Therapy and IMF2, LLC DBA In Motion Fitness.

2. Consent to Use of Materials.
   a. By signing this Agreement and joining NeuMotion Rehab, LLC, Ascanio Physical Therapy, LLC DBA Healthy Body Physical Therapy and IMF2, LLC DBA In Motion Fitness, you give NeuMotion Rehab, LLC, Ascanio Physical Therapy, LLC DBA Healthy Body Physical Therapy and IMF2, LLC DBA In Motion Fitness. a perpetual, worldwide, royalty-free, sublicensable, assignable license to use your name, voice, visual likeness, photographs and film of you (collectively, the "Materials") to use, adapt, modify, reproduce, distribute, publicly perform and display, in brochures, advertisements, commercials, on the NeuMotion Rehab website and in any form now known or later developed throughout the world. Client understands and agrees that NeuMotion Rehab, LLC, Ascanio Physical Therapy, LLC DBA Healthy Body Physical Therapy and IMF2, LLC DBA In Motion Fitness. shall be the exclusive owners of all title and interest, including copyright, in any and all works containing the materials.

Client hereby confirms that he/she is 18 years or older, he/she has read this document and understands its contents. If under 18, a parent or guardian must sign. Client acknowledges that he/she has read, understands, and agrees to the terms and conditions of this Agreement.

Printed Name: ____

Signature: ___________________________

Date: ___ /___ /_____

Name of Parent/Guardian (Required if client is under 18): ____

Relationship to Client: ___________________________

Signature: ___________________________

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Date: ___ /___ /_____

FINANCIAL RESPONSIBILITY AND CANCELATION POLICY (please initial):

___I understand that if I have a credit card on file with NeuMotion Rehab, LLC, Ascanio Physical Therapy, LLC DBA Healthy Body Physical Therapy and IMF2, LLC DBA In Motion Fitness, it will be used as payment for services unless I provide another form of payment. I further understand that it is my responsibility to inform NeuMotion Rehab if I have a Health Spending Account or Flex Spending Account that I would like to use for payment for physical therapy services.

___In addition to the above, there is a **missed appointment fee of $80** for any appointments not canceled with at least a **24 hour notice** of the scheduled appointment time and that if I am more than **10 minutes** late to an appointment, my therapist may not be able to see me and the late fee may apply.

___I understand that NeuMotion Rehab reserves the right to request a pre-payment before rescheduling a late cancellation or missed appointment.

Printed Name: ____

Signature: ___________________________

Date: ___ /___ /_____

Name of Parent/Guardian (Required if client is under 18): ____

Relationship to Client: ___________________________

Signature: ___________________________

Date: ___ /___ /_____