

Sacramento Spine & Physical Therapy

www.sacramentospine.com

sacspine@msn.com

RELEASE OF RECORDS

I authorize Sacramento Spine and Physical Therapy to:

1. Release any and all medical records, reports, history, diagnosis, treatment, MRI reports, and all other records of any kind or nature, for services rendered in connection with my care and treatment.
2. If it is necessary to obtain documents from my Sacramento Spine and Physical Therapy File, I consent to the acceptance of a photocopy; hereof in lieu of the original documents.
3. Obtain copies of my medical records in connection with care at their facility.

Patient's Name: _____ SSN: _____

Patient's Signature: _____ Date: _____

Use of Folsom/Roseville Health & Wellness Center Inc. during physical therapy

As a participant with Sacramento Spine & Physical Therapy (SSPT), I understand that the Roseville/Folsom Health & Wellness Center Inc, will not be responsible for any loss, claim, or damage incurred with respect to any negligence of SSPT. I understand that SSPT is fully responsible for my care and I may request their general and professional liability insurance face sheets to reference coverage. In the event I should sustain any injuries or damages while under the care of SSPT, I hereby agree to present any and all such claims to SSPT. This is not intended to wave any of my legal rights; however, it is intended to make SSPT the primary party liable for claims mentioned herein. I hereby assume the risks associated with lost, stolen, or damaged automobile, personal property, money, or other valuables brought to the facility or left on the premises, including the locker room.

Patient's Signature: _____ Date: _____

HEALTH QUESTIONNAIRE

1. Has your doctor ever said that you have a heart condition and that you should seek clearance from him or her prior to exercising? Yes No
2. Do you feel pain in the chest when you do physical activity? Yes No
3. Do you ever feel faint or have dizzy spells? Yes No
4. Is your doctor currently prescribing drugs for blood pressure or a heart condition? Yes No
5. Is there any reason why you should not do physical activity? Yes No
6. Please list any medications you are currently taking?

Please explain any yes answers: _____
