



ROPER PHYSICAL THERAPY
MEDICAL THERAPEUTIC YOGA INTAKE FORM

First Name _____ Middle Initial _____ Last Name _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

Email Address _____ Date of Birth _____

Emergency Contact _____ Phone _____

Where you referred to us? YES or NO If yes, who can we thank? _____

Please tell us what you hope to accomplish by participating in a medical therapeutic yoga program:
[Empty box for text entry]

Any prior yoga or pilates experience? _____

What is your current activity level? _____

DO YOU HAVE A HISTORY OF?

- Back pain, Neck pain, Osteoporosis or Osteopenia, Pinched nerve, Sciatica, Hamstring or Quadriceps tightness, C-Section or abdominal surgery, Hernia, Other Surgeries, Fibromyalgia, Allergies, Other, Vertigo, Cataracts, Heart issues

Any other condition or surgery which may prevent you from performing the exercises? Please explain: _____

Informed Consent:

- A) I understand Roper Physical Therapy is a fee-for-service practice and that payment in full is expected at time of service.
B) I understand and am aware that strength and flexibility exercises associated with yoga, pilates, and/or physical therapy can be a potentially hazardous activity and that I am voluntarily participating in these activities.
C) I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease infirmity, or other illness that would prevent me from participation.
D) I recognize that I am protected by patient privacy laws and hereby authorize Roper Physical Therapy to only release my records to my referring physician's office for the purposes of facilitating improved quality and continuum of care.
E) Photo Release: I understand that I may be photographed in class unless I explicitly state no. _____ NO

I agree to be bound by the reasonable rules and regulations set forth by the instructor &/or physical therapist for safe participation in yoga &/or pilates or receipt of physical therapy, and that the foregoing obligations shall be binding of me personally, as well as upon my family and my heirs, executors, administrators, and assigns.

Participant and/or patient signature _____ Date: _____

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HIPAA/PRIVACY NOTICE ACKNOWLEDGEMENT FORM

We are required by law to provide you with our Notice of Privacy Practices, which explains how we use and disclose your health information. We are also required to obtain your signature acknowledging that this notice has been made available to you.

Signature: _____ Date: _____
(Patient or Authorized Representative)

Relationship to Patient: _____

Reason Patient is unable or unwilling to sign:

RELEASE OF LIABILITY

I _____, hereby release Roper Physical Therapy, harmless from any and all liability, claims, damages, actions and causes of action whatsoever, for loss, damages or injury to a person or property, irrespective of how arising and however caused, including but not limited to all kinds of degrees or extent of negligence with which they may be charged in connection, directly or indirectly with these physical therapy instructions.

I further agree to disclose in writing all of my physical and medical conditions, limitations and sensitivities and agree to release and hold Roper Physical Therapy and its agents and assistants harmless from any liability, claims, damage, actions and causes of action in any way relating to or arising from said conditions, limitations or sensitivities. I expressly agree that all physical therapy instructions and use of all facilities and equipment shall be undertaken at my own risk, and I represent that I am physically and medically able to undertake any and all physical therapy/yoga instructions provided.

I further agree that Roper Physical Therapy and its agents and assistants shall not be liable for any claims, demands, injuries, damages, actions or causes of action whatsoever arising out of or connected with the use of any of its services, facilities or equipment. I hereby expressly forever release and discharge Roper Physical Therapy and its agents and assistants from all such claims, demands, injuries, damages, action or caused of action and from all acts of active or passive negligence on the party of Roper Physical Therapy and its agents and assistants.

Print Name: _____ Signature: _____ Date: _____