Client Participation Application

To provide the most safe and effective program, it is necessary for all prospective clients of the NeuAbility's programs to complete this application. All information provided will remain confidential. If the client is under the age of 18, or unable to complete independently, a parent, guardian, or power of attorney must sign the application. Please complete and return to NeuAbility.

866 East 78th Avenue, Denver, CO 80229
303-286-0918, info@neuability.org

Personal Information:

First Name, Last Name: _____ Date of Birth: ___/___/____

Home Phone: (_____) _____ Cell Phone:(_____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____

Emergency Contact Name: _____

Emergency Contact Phone: (_____) _____ Relationship: _____

Date of Injury: ___/___/____ Level of Injury: _____ Incomplete: ___ Complete: ___

Asia Score: _____ How were you injured? _____

List any concerns you may have that we should know about **medications, surgeries, limitations in range of motion, and/or experience in therapy.** This information will help us advise you in your own therapy plan:

_____

_____

_____

_____

How did you find NeuAbility?_____

Client Participation Application

Medical History & Goals:

List up to 3 goals or objectives for your treatment:

_____

_____

_____

_____

Please check any areas of your body that you DO NOT want touched or worked

☐ Back	☐ Arms	☐ Abdomen	☐ Neck	☐ Feet
☐ Legs	☐ Hips/ ☐ Buttocks	☐ Chest	☐ Face	☐ Other

Please check any of the following conditionst that apply to you - Muschuloskeletal

☐ Fibromyalgia	☐ Osteoarthritis	☐ Sprains/Strains /Tendonitis	☐ Thoratic Outlet Syndrom
☐ Rheumatoid Arthritis	☐ TMJ	☐ Carpal Tunnel Syndrom	☐ Cramping/Spasms /Sores

Please check any of the following conditionst that apply to you - Nervous System

☐ Multiple Sclerosis	☐ Stroke	☐ Sleep Disorders
☐ Headaches	☐ Seizure Disorders	☐ Other:_____

Please check any of the following conditionst that apply to you - Circulatory

☐ Anemia	☐ Thrombophlebitis	☐ Heart Disease	☐ Varicose Veins
☐ Diabetes	☐ High Blood Pressure	☐ Low Blood Pressure	☐ Clotting Disorders

Client Participation Application

Please check any of the following conditionst that apply to you - Digestive

☐ Constipation	☐ Colostomy Bag	☐ Other:_____
☐ Suprapubic Catheter	☐ Diverticulitis	

Please check any of the following conditionst that apply to you - Skin

☐ Boils	☐ Herpes Simplex	☐ Skin Cancer
☐ Fungal Infection	☐ Eczema	☐ Other:_____

Please check any of the following conditionst that apply to you - Reproductive

☐ Breast Cancer	☐ PMS
☐ Endometriosis	☐ Prostate Cancer

Please check any of the following conditionst that apply to you - Other

☐ Depression	☐ Asthma	☐ Emphysema
☐ Sinusitis	☐ Chronic Fatigue	☐ Other:_____

List any allergies or other health considerations that you would like to share:

_____

_____

_____

_____

Client Participation Application

Participant Waiver and Release of Liability Form

I, _____, HEREBY ASSUME ALL RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH NeuAbility, ITS EMPLOYEES, AND VOLUNTEERS. Including by way of example, but not limitation, any risks that may arise from ORDINARY NEGLIGENCE OR CARELESSNESS on the part of the NeuAbility its employees or volunteers, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability, which may arise during normal exercise and therapeutic activities at NeuAbility.

I HEREBY CERTIFY that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no current health-related reasons or problems, which preclude my participation in this activity. I further acknowledge that I will only participate in activities at the NeuAbility with which I am comfortable and pose no medical risk as known to me.

In consideration of my application and permitting me to participate in this activity, I hereby act for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the ordinary negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: The NeuAbility and/or their directors, officers, employees, volunteers, representatives, and agents. I acknowledge that the NeuAbility and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf; (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in the above paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise. All injuries associated with participation in activities at The NeuAbility are hereby covered by this Participant Waiver and Release of Liability Form.

I hereby understand The NeuAbility is not a medical treatment facility, but consent to receive medical treatment in the event of injury, accident, and/or illness during the activity which The NeuAbility or its employees may deem necessary to administer in their own judgment. I hereby release all claims associated with the medical treatment, or lack thereof, which The NeuAbility or its employees may administer.

I acknowledge that this Participant Waiver and Release of Liability Form will be used by the program holders, sponsors, and organizers of the activities in which I may participate, and that it will govern my actions and responsibilities during said activities. This Participant Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under Colorado law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT THAT I SIGN OF MY OWN FREE WILL. I hereby further certify that all the information provided in this application is true and accurate to the best of my knowledge.

_____

Signature of Participation

_____

Date

_____

Parent/Guardian Signature Date

(Signature of power of attorney or parent/guardian if applicant is under 18)