ProHealth & Fitness PT OT – Physical and Occupational Therapy
James Nussbaum, PT, PhD, SCS, EMT, Clinical/Research Director
150 West End Avenue #1M New York, New York 10023-4319
1041 Third Avenue 2nd Fl. New York, New York 10065-8114
391 East 149th Street #216 Bronx, New York 10455-3907
4915 Broadway #1F New York, New York 10034-3120
T: 212.600.4781 F: 800.655.3780
www.ProHealthPTOT.com

PATIENT NAME: _____

DATE OF INITIAL SESSION: _____

TODAY's DATE (if different): _____

APOS ID #: _____

I was, or the above named, was thoroughly evaluated, fitted for, and have had the APOS shoes calibrated specifically for me and my issues, and:

- I received my APOS therapy shoes today
- I have received the instructions, understand them, and will follow as directed
- I have received the precautions and contraindications and will follow them
- I understand that I am required to participate in 5 follow up (FU) appointments
  - I understand that I need to come to the clinic for my FU appointments
- I understand that my provider/office will call me to schedule my FU appointment
  - If my number changes, I will advise the clinic of the new number
- For any issues with my APOS shoes, it is my responsibility to call immediately

PATIENT NAME: _____ PROVIDER: _____

SIGNATURE: _____ SIGNATURE: _____

OTHER: _____ SUPERVISING PROVIDER: _____

DATE: ____/____/____ DATE: ____/____/____

FOR OFFICE USE ONLY:

Administrative staff: _____ Adm signature: _____