

# **Patient Information and Treatment Authorization**

PATIENT I	NFORMATION #		WESTSTAR WEST LOS ANGELES
Name:	GURKAN KAYA	SSN:	XXX-XX9999
Address:	1824 MANNING AVE APT 10	Sex:	
City, Zip:	LOS ANGELESCA90025	DOB:	03/17/1991
Home Ph:	(424)291-1396	Age:	32
Work Ph:		Email:	
Cell Ph:			
PATIENT I	NFORMATION #		
Date:	07/17/2023	Post Sx:	
Type:	WC	Sx Date:	
REFERRIN	IG DOCTOR INFORMATION		
Name:	LEE , SEULBI	Body Pts:	
Address:	11611 SAN VICENTE BLVD GROUD F		
City, Zip:	LOS ANGELESCA90049		
Phone:		Dx:	
ATTORNE	Y INFORMATION		
Name:		Address:	
City, Zip:		Phone:	
EMPLOYM	MENT INFORMATION:		
Name:		Address:	
City, Zip:		Phone:	
PRIMARY	INSURANCE INFORMATION	SECONDAR	Y INSURANCE INFORMATION
Name :		Name:	
Address:		Address:	
Adj/Ph#:		Adj/Ph#:	
Type:		Type:	
Ins Name :		Ins Name :	
Pol#/Clm#:		Pol#/Clm#:	
RELEASE (	OF INFORMATION and ASSIGNMEN	T OF RENEFITS	
	thorize WestStar Physical Therapy to re		requested by my insurance carrier
concerning t	this illness upon request. I hereby author erapy for services rendered.		
		07/31/23	
GURKAN	ZAN KAYA Date Signed		



## **JOB INFORMATION #**

JOB INFORMATION #  Job Title:  Job Description:  ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you? Sit: Hours Stand: Hours Stooping/bending: Hours Walk: Hours Hours Hours Hours Hours	PATIENT	#							
ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you?  Sit:	Name:	GURKAN KAYA			SSN:		XXX-XX9	999	
ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you?  St:	JOB INFO	RMATION #							
ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you?  St:									
ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you? Sit:	Job Title:								
During a typical 8-hour day, How many hours do you?  Sit:	Job Descript	ion:							
During a typical 8-hour day, How many hours do you?  Sit:	ADDITION	NAL JOR DETAIL	S						
Sit: Hours Squatting: Hours Stand: Hours Stooping/bending: Hours Walk: Hours Reaching Up: Hours At work, on average, how many hours do you work per Day/Shift: Hours Stair Climbing: Hours Week: Hours Stair Climbing: Hours Using a Computer: Hours Using the Telephone: Hours Pushing: Hours At work, my job requires that I lift Constantly Often Sometimes Never 10 lbs or 75 lbs: 76 lbs to 100 lbs: over 100 lbs: At work, my job includes Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Hand Movement: Repetitive Foot Movement: Prower Gripping: Handling: Hours Precision Handling: Hours Pre		THE GOD DETRIE	15						
Sit: Hours Squatting: Hours  Stand: Hours Stooping/bending: Hours  Walk: Hours Kneeling: Hours  At work, on average, how many hours do you work per  Day/Shift: Hours Crawling: Hours  Week: Hours Stair Climbing: Hours  Using a Computer: Hours  Ladder Climbing: Hours  Using the Telephone: Hours  At work, my job requires that I lift Constantly Often Sometimes Never  10 lbs or less: 126 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs: At work, my job includes  At work, my job includes Constantly Often Sometimes Never  Constantly Often Sometimes Never  At work, my job includes Constantly Often Sometimes Never  Constantly Often Sometimes Never  At work, my job includes Constantly Often Sometimes Never  Constantly Often Sometimes Never  Constantly Often Sometimes Never  Constantly Often Sometimes Never	During a typ	ical 8-hour day, How	many hours do you	ı?	At work,	, on avera	ige, how m	uch time do you	spend?
Walk: Hours Reaching Up: Hours  At work, on average, how many hours do you work  per  Day/Shift: Hours  Week: Hours  Ladder Climbing: Hours  Using a Computer: Hours  Pushing: Hours  At work, my job requires that I lift Constantly Often Sometimes Never  10 lbs or less: 11 lbs to 25 lbs: 26 lbs to 50 lbs: 51 lbs to 75 lbs: over 100 lbs:	Sit:		_		Squatting	;:			Hours
Drive: Hours Reaching Up: Hours At work, on average, how many hours do you work per  Day/Shift: Hours  Week: Hours  Ladder Climbing: Hours  Using a Computer: Hours  Using the Telephone: Hours  Pushing: Hours  At work, my job requires that I lift Constantly Often Sometimes Never  At work, my job includes  Constantly Often Sometimes Never  At work, my job includes  Constantly Often Sometimes Never  At work, my job includes  Constantly Often Sometimes Never  Constantly Often Sometimes Never	Stand:		Hours		Stooping/	bending:			Hours
At work, on average, how many hours do you work per  Day/Shift: Hours  Hours  Crawling: Hours  Stair Climbing: Hours  Ladder Climbing: Hours  Using a Computer: Hours  Pushing: Hours  Pushing: Hours  At work, my job requires that I lift Constantly Often Sometimes Never  10 lbs or less: 11 lbs to 25 lbs: 26 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs: Over 100 lbs: At work, my job includes Constantly Often Sometimes Never  At work, my job includes Constantly Often Sometimes Never  At work, my job includes Constantly Often Sometimes Never  At work, my job includes Constantly Often Sometimes Never  At work, my job includes Constantly Often Sometimes Never  At work, my job includes Constantly Often Sometimes Never  At work, my job includes Constantly Often Sometimes Never  Balancing: Hours  Hour	Walk:		Hours		Kneeling	:			Hours
At work, on average, how many hours do you work per  Day/Shift: Hours  Week: Hours  Ladder Climbing: Hours  Using a Computer: Hours  Using a Computer: Hours  Pushing: Hours  Pushing: Hours  At work, my job requires that I lift Constantly Often Sometimes Never  10 lbs or less: 11 lbs to 25 lbs: 26 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs: over 100 lbs:  At work, my job includes  At work, my job includes  Constantly Often Sometimes Never  Constantly Often Sometimes Never  Constantly Often Sometimes Never  Constantly Often Sometimes Never	Drive:		Hours		Reaching	Up:			Hours
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Day/Shift: Hours  Week: Hours  Hours  Ladder Climbing: Hours  Using a Computer: Hours  Pushing: Hours  Pushing: Hours  Pushing: Hours  Pushing: Hours  Pushing: Hours  Pulling: Hours  Pulling: Hours  Pulling: Hours  Pulling: Hours  Pulling: Hours  Power More Management: Never  To lbs or less: 11 lbs to 25 lbs: 26 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs: Over 100 lbs: More Management: Repetitive Hand Movement: Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Hours  Constantly Often Sometimes Never		n average, now ma	ily nours do you	WOIK	Twisting:			Hours	
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Using the Telephone:  Pushing:  Pulling:  Lifting Overhead:  Hours  Hours  At work, my job requires that I lift Constantly Often Sometimes Never  10 lbs or less:  11 lbs to 25 lbs:  26 lbs to 50 lbs:  51 lbs to 75 lbs:  76 lbs to 100 lbs:  over 100 lbs:  At work, my job includes  Constantly Often Sometimes Never  Constantly Often Sometimes Never  Constantly Often Sometimes Never  Repetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:	vv con .				Ladder C	limbing:			Hours
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Pulling: Lifting Overhead:  Hours  At work, my job requires that I lift  Constantly Often Sometimes Never  10 lbs or less: 11 lbs to 25 lbs: 26 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs: over 100 lbs:  At work, my job includes  Constantly Often Sometimes Never  Constantly Often Sometimes Never  Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing:					Using the	Telephon	ne:		Hours
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10 lbs or less:  11 lbs to 25 lbs:  26 lbs to 50 lbs:  51 lbs to 75 lbs:  76 lbs to 100 lbs:  At work, my job includes  Repetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:					Lifting O	verhead:			Hours
10 lbs or less:  11 lbs to 25 lbs:  26 lbs to 50 lbs:  51 lbs to 75 lbs:  76 lbs to 100 lbs:  At work, my job includes  Repetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:	At work, m	ny iob requires that	I lift	Constar	ntly	Ofte	n	Sometimes	 Never
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over 100 lbs :  At work, my job includes  Repetitive Hand Movement :  Repetitive Foot Movement :  Power Gripping :  Precision Handling :  Balancing :									
At work, my job includes  Repetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:									
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Repetitive Foot Movement :  Power Gripping :  Precision Handling :  Balancing :	At work, m	ny job includes		Constar	ntly	Ofte	n	Sometimes	Never
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Timed work for efficiency:					}		}		{
Simultaneous computer & telephone :			:						$\langle \cdot \rangle$



## **INJURY INFORMATION**

PATIENT #									
Name:	GURKAN KAYA		SSN:	XXX-XX9999					
INJURY IN	INJURY INFORMATION #								
Briefly describ	oe your injury :								
					Yes	No			
Did you go to the Emergency Room at a Hospital?									
If not an Em	ergency Room, Ad	you go to some other typ	pe of medical fa	acility?					
Were x-rays	taken?								
If an auto ac	cident, was the vehi	cle drivable after the acc	cident?						
Do you have	e any previous injury	to the sense area?							
Are you still	being treated for th	is injury?							
If you are sti	ill being treated for t	his injury, by whom?							
Name:									
Address:									
City, Zip:									
Phone									



## **PAIN INFORMATION**

Document Date: 07/31/23

### PATIENT #

Name: SSN: XXX-XX9999

#### PAIN INFORMATION #

Draw the location of your pain on the body outlines using the following markers.

A = Achesches

B = Burning

N = Nurnbness

P = Pins & Needles

S = Stabbing

0 = Other







Document Date: 07/31/23

Name:	GURKAN KAYA	SSN:	XXX-XX9999	
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I, AM OF LEGAL AGE AND HEREBY CERTIFY THAT I WENT TO WEST STAR PHYSICAL THERAPY OF MY OWN DISCRETION AND DECISION TO RECEIVE PHYSICAL THERAPY TREATMENTS. I UNDERSTAND THAT I MAY OR MAY NOT HAVE A DOCTORS REFERRAL AND THAT GETTING PHYSICAL THERAPY IS MY TREATMENT OF CHOICE. I ALSO UNDERSTAND THAT I WILL BE EVALUATED BY A LICENSED AND CERTIFIED PHYSICAL THERAPIST AND THAT THE THERAPISTS EVALUATION AND RECOMMENDATION WILL BE EXPLAINED TO ME BEFORE TREATMENT. I UNDERSTAND THAT THE PHYSICAL THERAPIST WILL COMMUNICATE WITH MY MEDICAL DOCTOR TO GET AUTHORIZATION FOR MY PHYSICAL THERAPY TREATMENTS. I ALSO UNDERSTAND THAT I CANNOT RECEIVE PHYSICAL THERAPY TREATMENTS FROM WEST STAR PHYSICAL THERAPY WITHOUT SIGNED AUTHORIZATION FROM MY MEDICAL DOCTOR. FURTHERMORE, I UNDERSTAND THAT PHYSICAL THERAPY, WHILE DESIGNED TO, IS NOT GUARANTEED TO IMPROVE MY CURRENT CONDITION.

#### **IF MINOR:**



## **Notice of Privacy Practices**

Document Date: 07/31/23

PATIENT #						
Name:	GURKAN KAYA	SSN:	XXX-XX9999			

#### **PRIVACY INFORMATION** Page (1 of 3)

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For Example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

#### Uses and Disclosures

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For Example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, services provided and the medical condition being treated.

Health Care Operations: Your health information may be used as necessary to support the day-to-day activities of and management of West Star Physical Therapy. For Example, information on the services you received may be used to support budgeting and financial reporting and activities to evaluate and promote quality.

Law Enforcement: your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations and to comply with government mandated reporting.

Public Health Reporting: Your health care information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the states public health department.

Other Uses and Disclosures That Require Your Authorization: Disclosure of your health information or its use for any purpose other than those listed above requires your specific, written authorization. However, your decision to revoke authorization will not affect of undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.



PATIENT #

### **Notice of Privacy Practices**

Document Date: 07/31/23

Name:	GURKAN KAYA	SSN:	XXX-XX9999	
PRIVACY	INFORMATION Page (2 of 3)			
Appointme	ent Reminders: Your health info	rmation will be used by our	staff to send you appointme	ent reminders.
interesting	on About Treatments: Your healt on the treatment and management on describing only West Star rela	ent of your medical condition	on. From our database, we m	

Please do not use my health information for the above-mentioned services.

Individual Rights: You have certain rights under the federal privacy standards. These include:

The right to request restrictions on the use and disclosure of your protected health care information;

The right to receive confidential communications concerning your medical condition and treatment;

The right to inspect and copy your protected health information;

The right to amend or submit corrections to your protected health care information;

The right to receive an accounting of how and to whom your protected health information has been disclosed;

The right to receive a printed copy of this notice

West Star Physical Therapy Duties: We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We are also required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices: As permitted by law, we reserve the right to amend to modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visits. The revise policies and practices will be applied to all protected health information we maintain.



## **Notice of Privacy Practices**

Document Date: 07/31/23

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Name:	GURKAN KAYA	SSN:	XXX-XX9999

#### **PRIVACY INFORMATION**Page (3 of 3)

Requests to Inspect Protected Health Information: You may generally inspect or copy the protected health information we maintain. As permitted by Federal Regulations we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting our corporate office. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request

Complaints: If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

West Star Physical Therapy PO BOX 6209 Garden Grove, CA 92846

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person: The address of the person you may contact for further information consenting privacy practices is:

West Star Physical Therapy PO BOX 6209 Garden Grove, CA 92846

Effective Date: This notice is effective as of May 18, 2012



# **Notice of Privacy Practices**

PATIENT	#		
Name:	GURKAN KAYA	SSN:	XXX-XX9999
PRIVACY	ACKNOWLEDGMENT INFORMATION		
acknowled	Acknowledgement of Received, read and fully understand the Notice of Ige and understand that West Stat Physical thoutlined in the notice.	of Privacy Pr	ractices for West Star Physical therapy and
	Patient : SIGNATURE: Date		
Patient Re	presentative is required if the patient is a min	nor or patient	t is an adult who is unable to sign this form.
	Relationship to Patient:		