

# **Patient Information and Treatment Authorization**

City, Zip: RIVERSIDECA Phone: (949)491-9991  ATTORNEY INFORMATION Name: City, Zip:  EMPLOYMENT INFORMATION Name: City, Zip:  PRIMARY INSURANCE IN Name: Address: Adj/Ph#: Type: Ins Name: Pol#/Clm#:  RELEASE OF INFORMAT INFORMAT I hereby authorize WestStar		Date Sig	ned
Home Ph: (714)253-9211 Work Ph: Cell Ph:  PATIENT INFORMATION  Date: 02/03/2023 Type: Pl  REFERRING DOCTOR IN  Name: ROWSHAN, K. Address: 3637 ARLINGT City, Zip: RIVERSIDECA Phone: (949)491-9991  ATTORNEY INFORMATION  Name: City, Zip: EMPLOYMENT INFORMA  Name: City, Zip: PRIMARY INSURANCE IN  Name: Address: Adj/Ph#: Type: Ins Name: Pol#/Clm#:  RELEASE OF INFORMAT  I hereby authorize WestStar concerning this illness upon		06/27/23	
Home Ph: (714)253-9211 Work Ph: Cell Ph:  PATIENT INFORMATION  Date: 02/03/2023 Type: Pl  REFERRING DOCTOR IN  Name: ROWSHAN, K. Address: 3637 ARLING  City, Zip: RIVERSIDECA  Phone: (949)491-9991  ATTORNEY INFORMATION  Name: City, Zip: EMPLOYMENT INFORMA  Name: City, Zip: PRIMARY INSURANCE IN  Name: Address: Adj/Ph#: Type: Ins Name: Pol#/Clm#:  RELEASE OF INFORMAT	request. I hereby authori		of my insurance benefits to WestStar
Home Ph: (714)253-9211 Work Ph: Cell Ph:  PATIENT INFORMATION  Date: 02/03/2023 Type: Pl  REFERRING DOCTOR IN  Name: ROWSHAN, K. Address: 3637 ARLINGT City, Zip: RIVERSIDECA Phone: (949)491-9991  ATTORNEY INFORMATION  Name: City, Zip: EMPLOYMENT INFORMATION  Name: City, Zip: PRIMARY INSURANCE IN  Name: Address: Adj/Ph#: Type: Ins Name: Pol#/Clm#:			equested by my insurance corrier
Home Ph: (714)253-9211 Work Ph: Cell Ph:  PATIENT INFORMATION  Date: 02/03/2023 Type: Pl  REFERRING DOCTOR IN  Name: ROWSHAN, K. Address: 3637 ARLINGT  City, Zip: RIVERSIDECA  Phone: (949)491-9991  ATTORNEY INFORMATION  Name: City, Zip: EMPLOYMENT INFORMA  Name: City, Zip: PRIMARY INSURANCE IN  Name: Address: Adj/Ph#: Type: Ins Name:		Pol#/Clm#:	
Home Ph: (714)253-9211 Work Ph: Cell Ph:  PATIENT INFORMATION  Date: 02/03/2023 Type: Pl  REFERRING DOCTOR IN  Name: ROWSHAN, K. Address: 3637 ARLINGT City, Zip: RIVERSIDECA Phone: (949)491-9991  ATTORNEY INFORMATION  Name: City, Zip: EMPLOYMENT INFORMATION  Name: City, Zip: PRIMARY INSURANCE IN  Name: Address: Adj/Ph#: Type:		Ins Name :	
Home Ph: (714)253-9211 Work Ph: Cell Ph: PATIENT INFORMATION  Date: 02/03/2023 Type: Pl  REFERRING DOCTOR IN  Name: ROWSHAN, K. Address: 3637 ARLING3 City, Zip: RIVERSIDECA Phone: (949)491-9991  ATTORNEY INFORMATION  Name: City, Zip: EMPLOYMENT INFORMATION  Name: City, Zip: PRIMARY INSURANCE IN  Name: Address: Adj/Ph#:		Type:	
Home Ph: (714)253-9211 Work Ph: Cell Ph: PATIENT INFORMATION  Date: 02/03/2023 Type: Pl  REFERRING DOCTOR IN  Name: ROWSHAN, K. Address: 3637 ARLINGT City, Zip: RIVERSIDECA Phone: (949)491-9991  ATTORNEY INFORMATION  Name: City, Zip: EMPLOYMENT INFORMATION  Name: City, Zip: PRIMARY INSURANCE IN  Name: Address:		Adj/Ph#:	
Home Ph: (714)253-9211 Work Ph: Cell Ph:  PATIENT INFORMATION  Date: 02/03/2023 Type: Pl  REFERRING DOCTOR IN  Name: ROWSHAN, K. Address: 3637 ARLING1 City, Zip: RIVERSIDECA Phone: (949)491-9991  ATTORNEY INFORMATION  Name: City, Zip: EMPLOYMENT INFORMATION  Name: City, Zip: PRIMARY INSURANCE IN  Name:		Address:	
Home Ph: (714)253-9211 Work Ph: Cell Ph:  PATIENT INFORMATION  Date: 02/03/2023 Type: Pl  REFERRING DOCTOR IN  Name: ROWSHAN, K. Address: 3637 ARLING  City, Zip: RIVERSIDECA Phone: (949)491-9991  ATTORNEY INFORMATION  Name: City, Zip: EMPLOYMENT INFORMATION  Name: City, Zip: EMPLOYM		Name:	
Home Ph: (714)253-9211 Work Ph: Cell Ph:  PATIENT INFORMATION  Date: 02/03/2023 Type: Pl  REFERRING DOCTOR IN  Name: ROWSHAN, K. Address: 3637 ARLING1 City, Zip: RIVERSIDECA Phone: (949)491-9991  ATTORNEY INFORMATION  Name: City, Zip: EMPLOYMENT INFORMATION  Name: City, Zip: City, Zip: EMPLOYMENT INFORMATION  Name: City, Zip: Ci	AL OWNIA LION		I INSURANCE INFORMATION
Home Ph: (714)253-9211 Work Ph: Cell Ph:  PATIENT INFORMATION  Date: 02/03/2023 Type: Pl  REFERRING DOCTOR IN  Name: ROWSHAN, K. Address: 3637 ARLINGT  City, Zip: RIVERSIDECA Phone: (949)491-9991  ATTORNEY INFORMATION  Name: City, Zip: EMPLOYMENT INFORMATION	NEORMATION		Y INSURANCE INFORMATION
Home Ph: (714)253-9211 Work Ph: Cell Ph:  PATIENT INFORMATION  Date: 02/03/2023 Type: Pl  REFERRING DOCTOR IN  Name: ROWSHAN, K. Address: 3637 ARLINGT  City, Zip: RIVERSIDECA Phone: (949)491-9991  ATTORNEY INFORMATION  Name: City, Zip: EMPLOYMENT INFORMATION		Phone:	
Home Ph: (714)253-9211 Work Ph: Cell Ph:  PATIENT INFORMATION  Date: 02/03/2023 Type: Pl  REFERRING DOCTOR IN  Name: ROWSHAN, K. Address: 3637 ARLINGT  City, Zip: RIVERSIDECA Phone: (949)491-9991  ATTORNEY INFORMATION  Name: City, Zip: City,		Address :	
Home Ph: (714)253-9211 Work Ph: Cell Ph:  PATIENT INFORMATION  Date: 02/03/2023 Type: Pl  REFERRING DOCTOR IN  Name: ROWSHAN, K. Address: 3637 ARLINGT  City, Zip: RIVERSIDECA Phone: (949)491-9991  ATTORNEY INFORMATION	ATION:		
Home Ph: (714)253-9211 Work Ph: Cell Ph:  PATIENT INFORMATION  Date: 02/03/2023 Type: Pl  REFERRING DOCTOR IN  Name: ROWSHAN, K. Address: 3637 ARLINGT  City, Zip: RIVERSIDECA Phone: (949)491-9991  ATTORNEY INFORMATION		Phone:	
Home Ph: (714)253-9211  Work Ph: Cell Ph:  PATIENT INFORMATION  Date: 02/03/2023  Type: Pl  REFERRING DOCTOR IN  Name: ROWSHAN, K.  Address: 3637 ARLINGT  City, Zip: RIVERSIDECA  Phone: (949)491-9991		Address:	
Home Ph: (714)253-9211  Work Ph: Cell Ph:  PATIENT INFORMATION  Date: 02/03/2023  Type: Pl  REFERRING DOCTOR IN  Name: ROWSHAN, K.  Address: 3637 ARLINGT  City, Zip: RIVERSIDECA	ON		
Home Ph: (714)253-9211  Work Ph: Cell Ph:  PATIENT INFORMATION  Date: 02/03/2023  Type: Pl  REFERRING DOCTOR IN  Name: ROWSHAN, K.  Address: 3637 ARLINGT  City, Zip: RIVERSIDECA		Dx:	
Home Ph: (714)253-9211  Work Ph: Cell Ph:  PATIENT INFORMATION  Date: 02/03/2023  Type: Pl  REFERRING DOCTOR IN  Name: ROWSHAN, K.  Address: 3637 ARLING			
Home Ph: (714)253-9211  Work Ph: Cell Ph: PATIENT INFORMATION  Date: 02/03/2023  Type: Pl  REFERRING DOCTOR IN  Name: ROWSHAN, K.	TON AVE STE D201		
Home Ph: (714)253-9211  Work Ph: Cell Ph:  PATIENT INFORMATION  Date: 02/03/2023  Type: Pl  REFERRING DOCTOR IN		Body Pts:	
Home Ph: (714)253-9211  Work Ph: Cell Ph: PATIENT INFORMATION  Date: 02/03/2023  Type: Pl			
Home Ph: (714)253-9211  Work Ph: Cell Ph: PATIENT INFORMATION  Date: 02/03/2023	EODMATION		
Home Ph: (714)253-9211 Work Ph: Cell Ph: PATIENT INFORMATION	,	Sx Date:	
Home Ph: (714)253-9211 Work Ph: Cell Ph:	)	Post Sx:	
Home Ph: (714)253-9211 Work Ph:	1#		
Home Ph: (714)253-9211			
		Email:	
City, Zip: PERRISCA925		Age:	29
	571	DOB:	06/17/1994
Address: 681 PLACENT	ΓΙΑ AVE	Sex:	F
Name: LORENA GUE	ERRA	SSN:	XXX-XX9999



# **JOB INFORMATION #**

JOB INFORMATION #  Job Title:  Job Description:  ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you? Sit:  Hours  Squatting: Hours  Stooping/bending: Hours  Walk: Hours  Hours  Hours  Hours	PATIENT	#					
ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you? Sit:	Name:	LORENA GUER	RA	SSN:	xx	X-XX9999	
ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you? Sit:	JOB INFO	RMATION #					
ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you?  Sit: Hours Squatting: Hours  Stand: Hours Stooping/bending: Hours  Walk: Hours Kneeling: Hours  Drive: Hours Reaching Up: Hours  At work, on average, how many hours do you work  Per  Day/Shift: Hours Crawling: Hours  Week: Hours Stain Climbing: Hours  Ladder Climbing: Hours  Using a Computer: 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  At work, my job includes Constantly Often Sometimes Never  Repetitive Food Movement: Power Gripping: Hours							
ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you?  Sit: Hours Squatting: Hours  Walk: Hours Kneeling: Hours  At work, on average, how much time do you spend?  Squatting: Hours  Stand: Hours Kneeling: Hours  At work, on average, how many hours do you work  Port. Hours Reaching Up: Hours  At work, on average, how many hours do you work  Twisting: Hours  Posy. Shift: Hours Stair Climbing: Hours  Using a Computer: 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  Repetitive Foot Movement: Repeti	Job Title:						
During a typical 8-hour day, How many hours do you?  Sit: Hours Squatting: Hours  Stand: Hours Stooping-bending: Hours  Malk: Hours Kneeling: Hours  At work, on average, how much time do you spend?  Squatting: Hours  Kneeling: Hours  Reaching Up: Hours  At work, on average, how many hours do you work  per  Day/Shift: Hours  Week: Hours  Hours  Ladder Climbing: Hours  Ladder Climbing: Hours  Using a Computer: Hours  Using the Telephone: Hours  Pulling: Hours  At work, my job requires that I lift  Constantly Often Sometimes Never  10 lbs or less: Hours  At work, my job includes  At work, my job includes  Constantly Often Sometimes Never  At work, my job includes  At work, my job includes  Constantly Often Sometimes Never  Constantly Often Sometimes Never  At work, my job includes  At work, my job includes  Constantly Often Sometimes Never  Constantly Often Sometimes Never	Job Descript	ion:					
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 Crawling: Hours  Week: Hours Stair Climbing: Hours  Using a Computer: Hours  At work, my job requires that I lift Constantly Often Sometimes Never  10 lbs or less: Hours South of the stand of th	ADDITION	NAL JOB DETAII	LS				
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 Crawling: Hours  Week: Hours Stair Climbing: Hours  Using a Computer: Hours  At work, my job requires that I lift Constantly Often Sometimes Never  10 lbs or less: Hours South of the stand of th							
Stand: Stoaping/bending: Hours  Walk: Hours Kneeling: Hours  At work, on average, how many hours do you work per  Day/Shift: Hours  Week: Hours  Hours  Hours  Hours  Hours  Crawling: Hours  Stair Climbing: Hours  Ladder Climbing: Hours  Using a Computer: Hours  Pushing: Hours  Hours  Hours  Hours  At work, my job requires that I lift Constantly Often Sometimes Never  10 lbs or less: Hours  11 lbs to 25 lbs: 15 lbs to 75 lbs: 76 lbs to 100 lbs: over 100 lbs:  At work, my job includes Constantly Often Sometimes Never  Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Hours  Repetitive Foot Movement: Power Gripping: Hours  Repetitive Foot Movement: Power Gripping: Hours  Repetitive Foot Movement: Hours  Repetitive Foot Movement: Hours  Balancing: Use of computer mouse/touch pad: Hours		oical 8-hour day, How			_	how much time do yo	
Walk: Hours Kneeling: Hours  At work, on average, how many hours do you work  Per  Day/Shift: Hours  Week: Hours  Hours  Hours  Crawling: 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 less: Hours  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	Sit:		Hours				
Drive: Hours Reaching Up: Hours At work, on average, how many hours do you work per Day/Shift: Hours Crawling: Hours Week: Hours Using a Computer: Hours Using the Telephone: Hours Pushing: Hours Lifting Overhead: 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  Repetitive Hand Movement: Constantly Often Sometimes Never  Repetitive Foot Movement: Constantly Often Sometimes Never	Stand:		Hours				$\overline{}$
At work, on average, how many hours do you work per Day/Shift: Hours Crawling: Hours Week: Hours  Hours  Ladder Climbing: Hours  Using a Computer: Hours  Using a Computer: Hours  Pushing: Hours  Pushing: Hours  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  At work, my job includes Constantly Often Sometimes Never  Repetitive Hand Movement: Repetitive Foot Movement: Prower Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad:	Walk:		Hours	Kneeling	g:		Hours
At work, on average, now many hours do you work per  Day/Shift: Hours  Week: Hours  Hours  Ladder Climbing: Hours  Using a Computer: Hours  Pushing: Hours  Pushing: Hours  Hours  Hours  Hours  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  Repetitive Hand Movement: Repetitive Foot Movement: Prower Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad:	Drive:		Hours	Reaching	g Up:		Hours
per  Day/Shift: Hours  Week: Hours  Hours  Stair Climbing: 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  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  Constantly Often Sometimes Never	At work o	n average how ma	ע אווע hours do vou wo	rk Reaching	g Out:		Hours
Day/Shift: Hours  Week: Hours  Hours  Ladder Climbing: Hours  Ladder Climbing: Hours  Using a Computer: Hours  Using the Telephone: Hours  Pushing: Hours  Pushing: Hours  Pulling: Hours  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  Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad:		ii a voiago, no vi inc	ing mount do you wo	Twisting	;:		Hours
Week:  Hours  Ladder Climbing:  Using a Computer:  Hours  Hours  Using the Telephone:  Pushing:  Hours  Hours  Hours  Hours  Hours  Hours  Hours  Pushing:  Hours  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:  At work, my job includes  Constantly  Often  Sometimes  Never  Constantly  Often  Sometimes  Never  Repetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:			Hours	Crawling	· ·		Hours
Ladder Climbing: Using a Computer: Using the Telephone: Hours Pushing: Hours Pushing: Hours Pulling: Lifting Overhead:  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  Sometimes Never  Often Sometimes Never  Sometimes Never  Often Sometimes Never			$\exists$	Stair Cli	mbing:		Hours
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:  rover 100 lbs:  Over 100 lbs:  At work, my job includes  Constantly  Often  Sometimes  Never  Never  Often  Sometimes  Never  Often  Sometimes  Never  Sometimes  Never  Description of the sometimes  Never  Repetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:	WCCK.		Tiouis	Ladder C	Climbing:		Hours
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:  rover 100 lbs:  Over 100 lbs:  At work, my job includes  Constantly  Often  Sometimes  Never  Never  Often  Sometimes  Never  Often  Sometimes  Never  Sometimes  Never  Description of the sometimes  Never  Repetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:				Using a	Computer:		Hours
Pushing: Pulling: 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 : Use of computer mouse/touch pad :							Hours
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: Use of computer mouse/touch pad:							$\rightarrow$
Lifting Overhead:  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  Repetitive Hand Movement :  Repetitive Foot Movement :  Power Gripping :  Precision Handling :  Balancing :  Use of computer mouse/touch pad :							$\longrightarrow$
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:  At work, my job includes  Constantly  Often  Sometimes  Never  Constantly  Often  Sometimes  Never  Pover Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:				_			$\rightarrow$
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:  Use of computer mouse/touch pad:							
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  Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad:		-	I lift	Constantly	Often	Sometimes	Never
26 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs: over 100 lbs:  At work, my job includes  Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad:							
51 lbs to 75 lbs: 76 lbs to 100 lbs: over 100 lbs:  At work, my job includes  Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad:							
76 lbs to 100 lbs : over 100 lbs :  At work, my job includes  Repetitive Hand Movement : Repetitive Foot Movement : Power Gripping : Precision Handling : Balancing : Use of computer mouse/touch pad :							_
At work, my job includes  Constantly  Often  Sometimes  Never  Repetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:			_				_
At work, my job includes  Constantly  Often  Sometimes  Never  Repetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:			_		<b></b>		$\exists$
Repetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:	0,01100100						
Repetitive Foot Movement :  Power Gripping :  Precision Handling :  Balancing :  Use of computer mouse/touch pad :	At work, n	ny job includes		Constantly	Often	Sometimes	Never
Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad:							
Precision Handling : Balancing : Use of computer mouse/touch pad :							
Balancing: Use of computer mouse/touch pad:							
Use of computer mouse/touch pad:		ndling:					
							_
Timed work for efficiency:							_
Simultaneous computer & telephone :							_{ }



# **INJURY INFORMATION**

PATIENT #	‡					
Name:	LORENA GUERRA		SSN:	XXX-XX9999		
INJURY IN	FORMATION #					
Briefly descri	be your injury :					
					Yes	No
Did you go	to the Emergency Roo	om at a Hospital?				
If not an En	nergency Room, Ad y	ou go to some other typ	be of medical f	acility?		
Were x-rays	s taken?					
If an auto a	ccident, was the vehic	le drivable after the acc	eident?			
Do you hav	e any previous injury	to the sense area?				
Are you stil	l being treated for this	s injury?				
If you are st	till being treated for th	is injury, by whom?				
Name:						
Address:						
City, Zip:						
Phone						



### **PAIN INFORMATION**

Document Date: 06/27/23

### 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: 06/27/23

PATIENT #			
Name:	LORENA GUERRA	SSN:	XXX-XX9999

#### WAIVER INFORMATION

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:**

NAME OF PARENT OF GUARDIAN:	
RELATIONSHIP:	
PATIENT SIGNATURE:	
Date	
WITNESSED BY:	
NAME OF STAFF MEMBER:	
SIGNATURE:	
Date	



Document Date: 06/27/23

PA	TI	EN	T#
$\Gamma A$			- ++

Name:	LORENA GUERRA	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.



Document Date: 06/27/23

PATIENT	`#			
Name:	LORENA GUERRA	SSN:	XXX-XX9999	
PRIVACY	(INFORMATION Page (2 of 3)			
Appointm	ent Reminders: Your health informa	tion will be used by or	ur staff to send you appointment reminde	ers.
interesting		of your medical condit	d to send you information that you may a ion. From our database, we may also sen be of interest to you**	
	Please do not use my healt	h information for the	phove-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.



Document Date: 06/27/23

P	T	IEI	VT	#

Name:	LORENA GUERRA	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



PATIENT	#		
Name:	LORENA GUERRA	SSN:	XXX-XX9999
PRIVACY	ACKNOWLEDGMENT INFORMATION	ON	
acknowled	•	ice of Privacy Pr	of Privacy Practices actices for West Star Physical therapy and es the right to modify or amend the privacy
	Patie SIGNATUI E		
Patient Re	presentative is required if the patient is a	minor or patient	is an adult who is unable to sign this form.
	SIGNATU	ent:	