

Patient Information and Treatment Authorization

Document Date: 04/12/23
WESTSTAR RURRANK

PATIENT II	NFORMATION #		WESTSTAR BURBANK
Name:	ARDEMIS YARIJANIAN	SSN:	XXX-XX6587
Address:	11160 ALLEGHENY STREET	Sex:	F
City, Zip:	SUN VALLEYCA91352	DOB:	06/01/1967
Home Ph:	(818)795-8248	Age:	55
Work Ph:		Email:	
Cell Ph:			
PATIENT II	NFORMATION#		
Date:	11/10/2022	Post Sx:	
Type:	WC	Sx Date:	
REFERRIN	G DOCTOR INFORMATION		
Name:	RUBANENKO, GABRIEL	Body Pts:	
Address:	14557 FRIAR STREET STE B		
City, Zip:	LOS ANGELESCA91411		
Phone:	(818)508-4210	Dx:	
ATTORNEY	YINFORMATION		
Name:		Address:	
City, Zip:		Phone:	
EMPLOYM	ENT INFORMATION:		
Name:		Address:	
City, Zip:		Phone:	
PRIMARY I	INSURANCE INFORMATION	SECONDARY	Y INSURANCE INFORMATION
Name:		Name:	
Address:		Address:	
Adj/Ph#:		Adj/Ph#:	
Type:		Type:	
Ins Name:		Ins Name :	
Pol#/Clm#:		Pol#/Clm#:	
RELEASE O	OF INFORMATION and ASSIGNMENT	OF BENEFITS	
concerning t	horize WestStar Physical Therapy to rele his illness upon request. I hereby authorize erapy for services rendered.		
		04/12/23	
ARDEMIS	YARIJANIAN	Date Sign	ned



JOB INFORMATION #

Document Date: 04/12/23

JOB INFORMATION # Job Title: Job Description: At work, on average, how much time do you spend? Stand: Hours Stand: Hours Stouping/bending: Hours Walk: Hours At work, on average, how much time do you spend? Squatting: Hours Stouping/bending: Hours Reaching Up: Hours At work, on average, how many hours do you work per Day/Shift: Hours Hours Crawling: Hours Week: Hours Stair Climbing: Ladder Climbing: Using a Computer: Using the Telephone: Hours At work, my job requires that I lift Constantly Often Sometimes Never At work, my job ricludes At work, my job includes At work, my job includes At work work, my job includes At work work pib hours At work work my job includes Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Hand Movement: Repetitive Foot Movement: Re	PATIENT :	#					
ADDITIONAL JOB DETAILS During a typical 8-hour day, How many hours do you? Sit:	Name:	ARDEMIS YARIJ	JANIAN	SSN:	XX	X-XX6587	
ADDITIONAL JOB DETAILS During a typical 8-hour day, How many hours do you? Si:	JOB INFO	RMATION#					
ADDITIONAL JOB DETAILS During a typical 8-hour day, How many hours do you? Si:							
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: Hours Squatting: Hours Stand: Hours Stooping/bending: Hours Walk: Hours Kneeling: Hours At work, on average, how much time do you spend? Squatting: Hours Stooping/bending: Hours Kneeling: Hours Reaching Up: Hours Reaching Out: Hours Twisting: 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 less: Hours Stair Climbing: Hours 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: Repetitive Foot Movement: Prover Gripping: Hours Precision Handling: Hours Never	Job Descripti	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 Stair Climbing: 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 11 lbs to 25 lbs: 12	ADDITION	NAL JOB DETAIL	S				
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 Ladder Climbing: Hours Week: Hours Using a Computer: Hours Pushing: Hours At work, my job requires that I lift Constantly Often Sometimes Never It libs to 25 lbs: 15 lbs to 100 lbs: At work, my job includes 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 Hand Movement: Repetitive Foot Movement: Precision Handling: Balancing:	During a typi	ical 8-hour day, How	many hours do you?	At work	x, on average,	how much time do yo	ou spend?
Malk: Hours Kneeling: Hours At work, on average, how many hours do you work Per Day/Shift: Hours 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 At work, my job includes 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	Sit:				g:		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 10 lbs or less: 11 lbs to 25 lbs: 26 lbs to 50 lbs: 51 lbs to 75 lbs: 75	Stand:		Hours	Stooping	g/bending:		Hours
At work, on average, how many hours do you work per Day/Shift: Hours Hours Crawling: Hours Hours Hours Stair Climbing: Ladder Climbing: Using a Computer: Hours Hours Hours Hours Hours Using the Telephone: Hours Pushing: Hours Hours Hours Hours Hours Hours Hours Pushing: Hours At work, my job requires that I lift Constantly Often Sometimes Never To libs to 50 lbs: To libs to 75 lbs: To libs to 100 lbs: At work, my job includes Constantly Often Sometimes Never At work, my job includes Constantly Often Sometimes Never Twisting: Hours At work, my job requires that I lift Constantly Often Sometimes Never Triviting: Hours Hours Hours Hours Hours Hours Hours Hours Hours At work, my job requires that I lift Constantly Often Sometimes Never Triviting: Hours Hou	Walk:		Hours	Kneeling	g:		Hours
At work, on average, how many hours do you work per Day/Shift: Hours Hours Stair Climbing: Hours Ladder Climbing: 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: 126 lbs to 50 lbs: 151 lbs to 75 lbs: 161 lbs to 100 lbs: 162 lbs: 163 lbs: 164 lbs: 165 l	Drive:		Hours	Reaching	g Up :		Hours
per Day/Shift: Hours Week: Hours Week: Hours Stair Climbing: Hours Ladder Climbing: 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 10 lbs or less: 11 lbs to 25 lbs: 26 lbs to 50 lbs: 51 lbs to 75 lbs: over 100 lbs: over 100 lbs: Sometimes At work, my job includes 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 Repetitive Hand Movement: Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing:	At work or	n average how ma	ny houre do vou wo	Reaching	g Out:		Hours
Day/Shift: Hours Crawling: Hours Week: 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 At work, my job requires that I lift Constantly Often Sometimes Never 10 lbs or less: 11 lbs to 25 lbs: 126 lbs to 50 lbs: 151 lbs to 75 lbs: 151 lbs to 75 lbs: 151 lbs to 75 lbs: 152 lbs: 153 lbs: 154 lbs: 155 lbs: 1		ii average, now ma	ny nouis do you wo	Twisting	g:		Hours
Week: Hours Ladder Climbing: Using a Computer: Hours Hours Hours Using the Telephone: Hours Pushing: Hours Hours Hours Hours Hours Hours Pushing: Hours Pulling: Lifting Overhead: Hours Hours Hours Hours 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 Repetitive Hand Movement: Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing:			Hours	Crawling	g:		Hours
Ladder Climbing: Using a Computer: Hours Using the Telephone: 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: cover 100 lbs: At work, my job includes Constantly Often Sometimes Never Constantly Often Sometimes Never Constantly Often Sometimes Never Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing:			\exists	Stair Cli	mbing:		Hours
Using a Computer: Using the Telephone: 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: 60 lbs to 100 lbs: 61 lbs to 100 lbs: 62 lbs to 50 lbs: 63 lbs to 100 lbs: 64 work, my job includes Constantly Often Sometimes Never Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing:	week:		Hours				Hours
Using the Telephone: Pushing: Pulling: Hours 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 : 60 lbs to 100 lbs : 60 lbs to 100 lbs : 60 lbs to 100 lbs : 61 lbs to 100 lbs : 62 lbs to 50 lbs : 63 lbs to 100 lbs : 64 work, my job includes Constantly Often Sometimes Never Constantly Often Sometimes Never Repetitive Hand Movement : Repetitive Foot Movement : Repetitive Foo							Hours
Pushing: Pulling: 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 Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing:							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: 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:							\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 Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing:							\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 Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing:				_			
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 Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing:			T-11-0				
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:			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:							
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 :							
76 lbs to 100 lbs : over 100 lbs : At work, my job includes Repetitive Hand Movement : Repetitive Foot Movement : Power Gripping : Precision Handling : Balancing :			_				_
At work, my job includes Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing:			_				_{ }
At work, my job includes Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing:			_				_ } }
Repetitive Hand Movement : Repetitive Foot Movement : Power Gripping : Precision Handling : Balancing :							
Repetitive Foot Movement : Power Gripping : Precision Handling : Balancing :				Constantly	Often	Sometimes	Never
Power Gripping : Precision Handling : Balancing :							
Precision Handling: Balancing:							
Balancing:							
		dling:					
		/, 1	_				
Use of computer mouse/touch pad: Timed work for efficiency:			_				_
Simultaneous computer & telephone:							_{ }



INJURY INFORMATION

Document Date: 04/12/23

PATIENT	`#				
Name:	ARDEMIS YARIJANIA	AN	SSN:	XXX-XX6587	
INJURY I	NFORMATION #				
Briefly desc	ribe your injury :				
					Yes No
Did you g	o to the Emergency Roo	m at a Hospital?			
If not an E	Emergency Room, Ad yo	ou go to some other ty	pe of medical	l facility?	
Were x-ra	ys taken?				
If an auto	accident, was the vehicle	e drivable after the ac	cident?		
Do you ha	ive any previous injury	to the sense area?			
Are you st	till being treated for this	injury?			
If you are	still being treated for th	is injury, by whom?			
Name:					
Address:					
City, Zip:					
Phone					



PAIN INFORMATION

Document Date: 04/12/23

PATIENT

Name: ARDEMIS YARIJANIAN SSN: XXX-XX6587

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: 04/12/23

PATIENT #					
Name :	ARDEMIS YARIJANIAN	SSN:	XXX-XX6587		

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	



Notice of Privacy Practices

Document Date: 04/12/23

TD A		A TENT	Ш
PA	 IIH.I	V	#

Name:	ARDEMIS YARIJANIAN	SSN:	XXX-XX6587

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: 04/12/23

Name:	ARDEMIS YARIJANIAN	SSN:	XXX-XX6587	
PRIVACY	INFORMATION Page (2 of 3)			
Appointme	ent Reminders: Your health informat	tion will be used by our	staff to send you appointment	reminders.
interesting	on About Treatments: Your health inf on the treatment and management on on describing only West Star related i	f your medical condition	on. From our database, we may	•
	Please do not use my healtl	h information for the a	pove-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: 04/12/23

TD A		TITLE	
	 IH IN	N II	π

Name:	ARDEMIS YARIJANIAN	SSN:	XXX-XX6587

PRIVACY INFORMATIONPage (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

Document Date: 04/12/23

PATIENT	#		
Name:	ARDEMIS YARIJANIAN	SSN:	XXX-XX6587
PRIVACY	ACKNOWLEDGMENT INFORMATION		
acknowled	Acknowledgement of Received, read and fully understand the Notice of lge and understand that West Stat Physical the outlined in the notice.	f Privacy Pr	ractices for West Star Physical therapy and
	Patient : SIGNATURE:_ Date_		
Patient Re	Relationship to Patient :_		t is an adult who is unable to sign this form.