

# **Patient Information and Treatment Authorization**

|               | NFORMATION #   |                  | WESTSTAR DOWNTOWN LA   |  |  |
|---------------|--|------------------|--|--|--|
| Name:         | CARMEN BUFFIN  | SSN:             | XXX-XX9999   |  |  |
| Address:      | 1453 W 53RD ST   | Sex:             | F  |  |  |
| City, Zip:    | LOS ANGELESCA90062   | DOB:             | 02/06/1960   |  |  |
| Home Ph:      | (213)505-1477  | Age:             | 63   |  |  |
| Work Ph:      |  | Email:           |  |  |  |
| Cell Ph:      |  |                  |  |  |  |
| PATIENT I     | NFORMATION #   |                  |  |  |  |
| Date:         | 02/01/2023   | Post Sx:         |  |  |  |
| Type:         | PI   | Sx Date:         |  |  |  |
| REFERRIN      | IG DOCTOR INFORMATION  |                  |  |  |  |
| Name:         | HARRISON, LEVI D   | Body Pts:        |  |  |  |
| Address:      | 1560 E CHEVY CHASE STE 350   |                  |  |  |  |
| City, Zip:    | GLENDALECA91206  |                  |  |  |  |
| Phone:        | (818)240-8001  | Dx:              |  |  |  |
| ATTORNE       | Y INFORMATION  |                  |  |  |  |
| Name:         |  | Address:         |  |  |  |
| City, Zip:    |  | Phone:           |  |  |  |
| EMPLOYM       | IENT 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 ASSIGNM   | MENT OF BENEFITS |  |  |  |
| concerning t  | thorize WestStar Physical Therapy this illness upon request. I hereby auerapy for services rendered. |                  | equested by my insurance carrier<br>t of my insurance benefits to WestStar |  |  |
|               |  | 08/17/23         |  |  |  |
| CARMEN BUFFIN |  | Date Sig         | Date Signed  |  |  |



# **JOB INFORMATION #**

| Name: CARMEN BUFFIN  SSN: XXXXX9999  JOB INFORMATION #  Job Title:   | PATIENT #                  |                            |                         |          |                   |                   |                 |        |
|--|----------------------------|----------------------------|-------------------------|----------|-------------------|-------------------|-----------------|--------|
| ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you?  Si: Hours Squating: Hours  Stand: Hours Stooping/bending: Hours  Walk: Hours Reaching Up: Hours  At work, on average, how many hours do you work  Per Hours Reaching Up: Hours  At work, on average, how many hours do you work  Per Twisting: Hours  Week: Hours Crawling: Hours  Stair Climbing: Hours  Using a Computer: Hours  At work, my job requires that I lift Constantly Often Sometimes Never  To libs to 125 lbs: 26 lbs to 50 lbs: 11 lbs to 25 lbs: 26 lbs to 50 lbs: 15 lbs to 75 lbs: 15 lb       | Name:                      | CARMEN BUFFIN              |                         |          | SSN:              | XXX-XX99          | 999             |        |
| ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you? Sit: Hours Squuting: Hours Stand: Hours Stooping/bending: Hours Walk: Hours Reaching Up: Hours At work, on average, how much time do you spend? Squuting: Hours Stand: Hours Stooping/bending: 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 Ladder Climbing: Hours Using a Computer: Hours Using the Telephone: Hours Publing: Hours At work, my job requires that I lift Constantly Often Sometimes Never I lib sto 25 lbs: 15 lbs to 50 lbs: 51 lbs to 75 lbs: 100 lbs or 100 lbs: over 100 lbs: 100 lbs: 100 lbs: 100 lbs: 100 lbs: 100 lbs includes Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Foot Movement: 100 lbs or 100 lbs: 100 lbs includes Constantly Often Sometimes Never Repetitive Foot Movement: 100 lbs or 100 lbs:              | JOB INFOR                  | RMATION#                   |                         |          |                   |                   |                 |        |
| ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you? Sit: Hours Squuting: Hours Stand: Hours Stooping/bending: Hours Walk: Hours Reaching Up: Hours At work, on average, how much time do you spend? Squuting: Hours Stand: Hours Stooping/bending: 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 Ladder Climbing: Hours Using a Computer: Hours Using the Telephone: Hours Publing: Hours At work, my job requires that I lift Constantly Often Sometimes Never I lib sto 25 lbs: 15 lbs to 50 lbs: 51 lbs to 75 lbs: 100 lbs or 100 lbs: over 100 lbs: 100 lbs: 100 lbs: 100 lbs: 100 lbs: 100 lbs includes Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Foot Movement: 100 lbs or 100 lbs: 100 lbs includes Constantly Often Sometimes Never Repetitive Foot Movement: 100 lbs or 100 lbs:              |                            |                            |                         |          |                   |                   |                 |        |
| ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you?  Sit:  | Job Title:                 |                            |                         |          |                   |                   |                 |        |
| ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you?  Sit:  | Job Descriptio             | m:                         |                         |          |                   |                   |                 |        |
| During a typical 8-hour day, How many hours do you?  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  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  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  Pepetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:  Timed work for efficiency:   | 000 2 00011                |                            |                         |          |                   |                   |                 |        |
| During a typical 8-hour day, How many hours do you?  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  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  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  Pepetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:  Timed work for efficiency:   |                            |                            |                         |          |                   |                   |                 |        |
| 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  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 75 lbs : 26 lbs to 100 lbs: Constantly Often Sometimes Never  Repetitive Hand Movement: Repetitive Hand Movement: Repetitive Hand Movement: Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Hours Never  Week Groupster Sometimes Never Constantly Often Sometimes Never Never Repetitive Hand Movement: Repetiti | ADDITION                   | AL JOB DETAILS             |                         |          |                   |                   |                 |        |
| 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  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 75 lbs : 26 lbs to 100 lbs: Constantly Often Sometimes Never  Repetitive Hand Movement: Repetitive Hand Movement: Repetitive Hand Movement: Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Hours Never  Week Groupster Sometimes Never Constantly Often Sometimes Never Never Repetitive Hand Movement: Repetiti |                            |                            |                         |          |                   |                   |                 |        |
| 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 Week: 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: 76 lbs to 100 lbs: over 100 lbs:  At work, my job includes Constantly Often Sometimes Never  Repetitive Hand Movement: Repetitive Foot Movement: Precision Handling: Hours Never  Week in Hours Stair Climbing: Hours  Hours Hours  Hours  Hours  Pulling: Hours  Never  Never  Often Sometimes Never  Often Sometimes Never  Never  Never  Repetitive Hand Movement: Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Hours  Hours  Never  Never  Precision Handling: Handli    | During a typic             | cal 8-hour day, How m      | any hours do you        | .?       | At work, on aver  | age, how m        | uch time do you | spend? |
| 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  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: Hours  At work, my job includes  At work, my job includes  Constantly Often Sometimes Never  | Sit:                       |                            | Hours                   |          | Squatting:        |                   |                 | Hours  |
| At work, on average, how many hours do you work per Day/Shift: Hours Hours Hours  Crawling: Hours Hours  Hours  Hours  Crawling: Hours  Hours  Hours  Hours  Ladder Climbing: Hours  Using a Computer: Hours  Hours  Pushing: Pulling: 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  | Stand:                     |                            | Hours                   |          | Stooping/bending  | :                 |                 | 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  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: 51 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  To lbs or loss includes Constantly Often Sometimes Never  At work, my job includes Constantly Often Sometimes Never  Thousand The Hours                 | Walk:                      |                            | Hours                   |          | Kneeling:         |                   |                 | Hours  |
| At work, on average, now many nours do you work per  Day/Shift: Hours  Week: Hours  Hours  Ladder 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  Constantly Often Sometimes Never  Constantly Often Sometimes Never  Repetitive Hand Movement: Repetitive Fand Movement: Power Gripping: Hours  Repetitive Foot Movement: Power Gripping: Hours  Repetitive Foot Movement: Hours  Balancing: Use of computer mouse/touch pad: Hours  Timed work for efficiency:   | Drive:                     |                            | Hours                   |          | Reaching 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  Repetitive Hand Movement: Repetitive Foot Movement: Repetitive Foot Movement: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:  | At work, on                | average, how many          | hours do vou w          | ork      | Reaching Out:     |                   |                 | Hours  |
| Week:  Hours  Hours  Ladder Climbing:  Using a Computer:  Hours  Hours  Hours  Using the Telephone:  Hours  Hours  Pushing:  Hours  Hours  Hours  Hours  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  At work, my job includes  Constantly Often Sometimes Never  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:  Timed work for efficiency:   |                            | w.erage, no.v. man,        | in the same of the same |          | Twisting:         |                   |                 | Hours  |
| Week: Hours    Hours   Hours   Hours   Hours   | Day/Shift:                 |                            | Hours                   |          | Crawling:         |                   |                 | Hours  |
| Ladder Climbing:  Using a Computer:  Hours  Hours  Hours  Pushing:  Pulling:  Lifting Overhead:  Hours  Hours  Hours  Hours  Hours  Hours  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  Repetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:  Timed work for efficiency:  |                            |                            |                         |          | Stair Climbing:   |                   |                 | Hours  |
| Using the Telephone:  Pushing:  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:  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:  Timed work for efficiency:   |                            |                            |                         |          | Ladder Climbing:  |                   |                 | Hours  |
| Pushing: Pulling: 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: Timed work for efficiency:  |                            |                            |                         |          | Using a Computer  | ::                |                 | 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 : Timed work for efficiency :   |                            |                            |                         |          | Using the Telepho | one:              |                 | 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: Timed work for efficiency:   |                            |                            |                         |          | 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  Repetitive Hand Movement : Repetitive Foot Movement : Power Gripping : Precision Handling : Balancing : Use of computer mouse/touch pad : Timed work for efficiency :   |                            |                            |                         |          | Pulling:          |                   |                 | 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:  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:  Timed work for efficiency:  |                            |                            |                         |          | Lifting Overhead  | :                 |                 | 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:  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:  Timed work for efficiency:  | At work, my                | job requires that I        | lift                    | Constant | ly Oft            | en                | 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: Timed work for efficiency:   |                            | 3 1                        |                         |          |                   |                   |                 |        |
| 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 : Timed work for efficiency :   | 11 lbs to 25 lbs           | :                          | }                       |          | $\longrightarrow$ | $\longrightarrow$ |                 | { }    |
| 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 : Timed work for efficiency :  | 26 lbs to 50 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 :  Timed work for efficiency :   |                            |                            |                         |          |                   |                   |                 |        |
| At work, my job includes  Repetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:  Timed work for efficiency:   |                            | os:                        | (                       |          |                   |                   |                 |        |
| Repetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:  Timed work for efficiency:   | over 100 lbs:              |                            |                         |          |                   |                   |                 |        |
| Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:  Timed work for efficiency:  | At work, my                | job includes               |                         | Constant | ly Oft            | en                | Sometimes       | Never  |
| Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:   |                            |                            |                         |          |                   |                   |                 |        |
| Precision Handling:  Balancing:  Use of computer mouse/touch pad:  Timed work for efficiency:  | Repetitive Foot Movement : |                            |                         |          |                   |                   |                 |        |
| Balancing: Use of computer mouse/touch pad: Timed work for efficiency:   |                            |                            |                         |          |                   |                   |                 |        |
| Use of computer mouse/touch pad : Timed work for efficiency :  |                            | lling:                     | (                       |          |                   |                   |                 |        |
| Timed work for efficiency:   |                            | on may a 2 / t a 2 - 1 1 - | (                       |          |                   | [                 |                 | {      |
|  |                            |                            |                         |          |                   | }                 |                 | { }    |
|  |                            |                            |                         |          |                   | {                 |                 | { }    |



# **INJURY INFORMATION**

| PATIENT :      | #                       |                            |               |            |     |    |
|----------------|-------------------------|----------------------------|---------------|------------|-----|----|
| Name:          | CARMEN BUFFIN           |                            | SSN:          | XXX-XX9999 |     |    |
| INJURY IN      | NFORMATION #            |                            |               |            |     |    |
| Briefly descri | be your injury :        |                            |               |            |     |    |
|                |                         |                            |               |            | Yes | No |
| Did you go     | to the Emergency Re     | oom at a Hospital?         |               |            |     |    |
| If not an Er   | mergency Room, Ad       | you go to some other typ   | pe of medical | facility?  |     |    |
| Were x-ray     | s taken?                |                            |               |            |     |    |
| If an auto a   | ccident, was the vehi   | cle drivable after the acc | cident?       |            |     |    |
| Do you hav     | e any previous injury   | y to the sense area?       |               |            |     |    |
| Are you stil   | ll being treated for th | is injury?                 |               |            |     |    |
|                |                         |                            |               |            |     |    |
| If you are s   | till being treated for  | this injury, by whom?      |               |            |     |    |
| Name:          |                         |                            |               |            |     |    |
| Address:       |                         |                            |               |            |     |    |
| City, Zip:     |                         |                            |               |            |     |    |
| Phone          |                         |                            |               |            |     |    |



### **PAIN INFORMATION**

Document Date: 08/17/23

### PATIENT #

Name: CARMEN BUFFIN 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: 08/17/23

| PATIENT # |               |       |              |  |  |  |
|-----------|---------------|-------|--------------|--|--|--|
| Name:     | OADMEN BUEEN  | SSN:  | VVVV VVVaaga |  |  |  |
| ivanic.   | CARMEN BUFFIN | 5514. | 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: 08/17/23

| PATIENT # |               |      |            |  |  |  |
|-----------|---------------|------|------------|--|--|--|
|           |               |      |            |  |  |  |
| Name:     | CARMEN BUFFIN | 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: 08/17/23

| PATIENT #   |                                    |                           |  |  |  |  |  |
|-------------|------------------------------------|---------------------------|--|--|--|--|--|
| Name:       | CARMEN BUFFIN                      | SSN:                      | XXX-XX9999   |  |  |  |  |
| PRIVACY     | 'INFORMATION Page (2 of 3)         |                           |  |  |  |  |  |
| Appointme   | ent Reminders: Your health informa | ation will be used by ou  | ar staff to send you appointment reminders.  |  |  |  |  |
| interesting |                                    | of your medical condit    | d to send you information that you may find<br>ion. From our database, we may also send you of interest to you** |  |  |  |  |
|             | Please do not use my heal          | lth information for the a | 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.



Document Date: 08/17/23

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| Name: | CARMEN BUFFIN | SSN: | XXX-XX9999 |
|-------|---------------|------|------------|

#### 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



| PATIENT    | #  |               |  |
|------------|--|---------------|--|
| Name:      | CARMEN BUFFIN  | SSN:          | XXX-XX9999                                   |
| PRIVACY    | ACKNOWLEDGMENT INFORMATION   |               |  |
| acknowled  | Acknowledgement of Receipeived, read and fully understand the Notice of and understand that West Stat Physical the outlined in the notice. | Privacy Pr    | actices for West Star Physical therapy and   |
|            | Patient :<br>SIGNATURE:_<br>Date_  |               |  |
| Patient Re | presentative is required if the patient is a minor   | or or patient | is an adult who is unable to sign this form. |
|            | Name of Patient Representative:_<br>Relationship to Patient :_<br>SIGNATURE:_<br>Date_   |               |  |