

# **Patient Information and Treatment Authorization**

PATIENT I	NFORMATION #		WESTSTAR SANTA ANA
Name:	LANI LUCERO	SSN:	XXX-XX7660
Address:	33126 KERRY LANE	Sex:	F
City, Zip:	COSTA MESACA92626	DOB:	02/20/1969
Home Ph:	(949)463-4853	Age:	54
Work Ph:		Email:	
Cell Ph:			
PATIENT I	NFORMATION #		
Date:	04/05/2022	Post Sx:	
Type:	WC	Sx Date:	
REFERRIN	G DOCTOR INFORMATION		
Name:	SALOMON, MICHAEL	Body Pts:	
Address:	155 W HOSPITALITY LANE STE 220		
City, Zip:	SAN BERNARINOCA92408		
Phone:	(323)435-4523	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 ASSIGNMENT	OF BENEFITS	
I hereby aut concerning t	horize WestStar Physical Therapy to relection illness upon request. I hereby authorierapy for services rendered.	ease information r	
		08/21/23	
LANI LUC	ERO	Date Sig	gned



## **JOB INFORMATION #**

JOB INFORMATION #  Job Title:  Job Description:  ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you?  St: Hours Squatting: Hours  Stand: Hours Stooping/bending: Hours  Walk: Hours Kneeling: Hours  Drive: Hours Reaching Up: Hours  Reaching Out: Hours  Twisting: Hours  Day/Shift: Hours  Week: Hours  Ladder Climbing: Hours  Using a Computer: 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  Repetitive Hoad Movement: Repetitive Food Movement: Power Gripping: Hours  Precision Handling: Hours  At work, my job includes Constantly Often Sometimes Never  Repetitive Food Movement: Power Gripping: Hours  Precision Handling: Hours  Repetitive Food Movement: Power Gripping: Hours  Precision Handling: Hours  Repetitive Food Movement: Hours  Power Gripping: Hours  Repetitive Food Movement: Hours  Proceding Hours  Repetitive Food Movement: Hours  Repetitive Food Movement: Hours  Proceding Hours  Repetitive Food Movement: Hours  Reaching Up: Hours  R	PATIENT	#						
ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you?  Sit:	Name:	LANI LUCERO			SSN:	XXX-XX7	7660	
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 Prive: Hours Reaching Up: Hours Week in Hours Crawling: Hours Week: Hours Crawling: Hours Week: Hours Crawling: Hours Using a Computer: Hours Week: Hours Stair Climbing: Hours Using a Computer: Hours Week: Hours Crawling: Hours Using a Computer: Hours Week: Hours Constantly Often Sometimes Never 10 lbs or less: Hours Stair Climbing: Hours Lifting Overhead: Hours At work, my job requires that I lift Constantly Often Sometimes Never 11 lbs to 25 lbs : 15 lbs to 150 lbs: Stair Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Hand Movement: Power Gripping: Hours Constantly Often Sometimes Never Precision Handling: Hours Never Weer Gripping: Hours Never								
ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you?  Sit: Hours Squatting: Hours  Stand: 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  Per Twisting: Hours  At work, on average, how many hours do you work  Per Twisting: Hours  Crawling: 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  Repetitive Hand Movement: Repetitive Foot Movement: Repetitive Foot Movement: Precision Handling: Hours  Respective Foot Movement: Repetitive Foot Movement: Precision Handling: Hours  Hours Day, Shift: Hours Sometimes Never  At work, my job includes Constantly Often Sometimes Never  Repetitive Foot Movement: Repetitive Foot Movement: Precision Handling: Hours Hou	Job Title:							J
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Week: Hours    Hours   Hours   Hours   Hours   Hours	Day/Shift:		Hours		Crawling:			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: Use of computer mouse/touch pad:					Using the Tele	ephone :		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:  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, m	ny job requires that	I lift	Constant	ly	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 :	11 lbs to 25 lb	os:			$\longrightarrow$			1
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 :								
over 100 Ibs :  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:								
Repetitive Hand Movement :  Repetitive Foot Movement :  Power Gripping :  Precision Handling :  Balancing :  Use of computer mouse/touch pad :	over 100 lbs :							
Repetitive Foot Movement :  Power Gripping :  Precision Handling :  Balancing :  Use of computer mouse/touch pad :	At work, m	ny job includes		Constant	ly	Often	Sometimes	Never
Power Gripping : Precision Handling : Balancing : Use of computer mouse/touch pad :	Repetitive Hand Movement :							
Precision Handling :  Balancing :  Use of computer mouse/touch pad :								
Balancing: Use of computer mouse/touch pad:								
Use of computer mouse/touch pad:		ndling:			[			] []
		iter mouse/touch and						{
Timed work for efficiency:					{ }			{ }
Simultaneous computer & telephone :			:		$\longrightarrow$			{



## **INJURY INFORMATION**

PATIENT #						
Name:	LANI LUCERO		SSN:	XXX-XX7660		
INJURY INF	FORMATION #					
Briefly describ	e your injury :					
					Yes	No
Did you go to	o the Emergency Ro	om at a Hospital?				
If not an Emo	ergency Room, Ad y	ou go to some other typ	e of medical fac	ility?		
Were x-rays	taken?					
If an auto acc	cident, was the vehice	cle drivable after the acc	ident?			
Do you have	any previous injury	to the sense area?				
Are you still	being treated for thi	s injury?				
•						
If you are sti	ll being treated for t	his injury, by whom?				
Name:						
Address:						
City, Zip:						
Phone						



## **PAIN INFORMATION**

Document Date: 08/21/23

#### PATIENT #

Name: SSN: XXX-XX7660

#### 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: 08/21/23

Name:	LANI LUCERO	SSN:	XXX-XX7660	
	E III EGELIG		70077011000	
WAIVER	INFORMATION			
I. AM OF	LEGAL AGE AND HEREBY CERTIFY T	HAT I WEI	NT TO WEST STAR PHYSICAL THER	APY
*	WN DISCRETION AND DECISION TO R			
UNDERS	TAND THAT I MAY OR MAY NOT HAV	E A DOCT	ORS REFERRAL AND THAT GETTIN	G
PHYSICA	L THERAPY IS MY TREATMENT OF CH	HOICE. I A	LSO UNDERSTAND THAT I WILL BE	3
EVALUA'	TED BY A LICENSED AND CERTIFIED	PHYSICAL	L THEREAPIST AND THAT THE	
THERAPI	STS EVALUATION AND RECOMMEND	ATION WI	ILL BE EXPLAINED TO ME BEFORE	
TREATM	ENT. I UNDERSTAND THAT THE PHYS	ICAL THE	RAPIST WILL COMMUNICATE WITH	HMY

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:

PATIENT #

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



Document Date: 08/21/23

PATIENT #						
Name:	LANI LUCERO	SSN:	XXX-XX7660			

#### **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: 08/21/23

PATIENT #						
Name:	LANI LUCERO	SSN:	XXX-XX7660			
PRIVACY	INFORMATION Page (2 of 3)					
Appointme	ent Reminders: Your health information wi	ll be used by	our staff to send you appointment reminders.			
interesting		medical cond	sed to send you information that you may find lition. From our database, we may also send you be of interest to you**			
	Please do not use my health infor	mation for the	e 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: 08/21/23

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Name:	LANI LUCERO	SSN:	XXX-XX7660

#### **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:	LANI LUCERO	SSN:	XXX-XX7660
PRIVACY	ACKNOWLEDGMENT INFORMATION		
acknowled	Acknowledgement of Received, read and fully understand the Notice of ge and understand that West Stat Physical the utlined in the notice.	f Privacy Pr	actices 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.