

# **Patient Information and Treatment Authorization**

PATIENTI	NFORMATION #		WESTSTAR BURBANK		
Name:	JOSEPH BIRD	SSN:	XXX-XX9999		
Address:	545 N BRIGHTON STREET	Sex:	M		
City, Zip:	BURBANKCA91506	DOB:	01/28/2000		
Home Ph:	(818)422-3982	Age:	23		
Work Ph:		Email:			
Cell Ph:					
PATIENT I	NFORMATION #				
Date:	02/07/2023	Post Sx:			
Type:	PI	Sx Date:			
REFERRIN	G DOCTOR INFORMATION				
Name:	MILLER, LAWRENCE ROSS	Body Pts:			
Address:	8641 WILSHIRE BLVD STE 200				
City, Zip:	BEVERLY HILLSCA90211				
Phone:	(310)657-7246	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 ASSIGNME	NT OF BENEFITS			
concerning t	horize WestStar Physical Therapy to rehis illness upon request. I hereby authorapy for services rendered.		requested by my insurance carrier t of my insurance benefits to WestStar		
		04/12/23			
JOSEPH BIRD		Date Sig	Date Signed		



# **JOB INFORMATION #**

JOB INFORMATION #  Job Title:  Job Description:  ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you?  Sit:  Hours  Stand:  Hours  Stooping/bending:  Hours  Kneeling:  Hours  Reaching Up:  Hours  At work, on average, how much time do you spend?  Squatting:  Hours  Kneeling:  Hours  Reaching Up:  Hours  Reaching Out:  Twisting:  Hours  Twisting:  Hours  Stair Climbing:  Ladder Climbing:  Using a Computer:  Using a Computer:  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:	PATIENT #							
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  At work, on average, how many hours do you work  Drive: Hours Reaching Up: Hours  At work, on average, how many hours do you work  per  Day/Shift: Hours Stair Climbing: Hours  Ladder Climbing: Hours  Using a Computer: Hours  Pushing: Hours  Hours  Hours  Hours  Ladder Climbing: 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:	Name:	JOSEPH BIRD			SSN:	XXX-XX99	999	
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 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  Ladder Climbing: 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:	JOB INFOR	MATION#						
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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  Kneeling: Hours  Reaching Up: Hours  At work, on average, how many hours do you work  per  Day/Shift: Hours  Week: Hours  Twisting: 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								
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  Kneeling: Hours  Reaching Up: Hours  At work, on average, how many hours do you work  per  Day/Shift: Hours  Week: Hours  Twisting: 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								
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 Stair Climbing: Hours  Week: Hours Stair 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:	ADDITIONA	AL JOB DETAILS						
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 Stair Climbing: Hours  Week: Hours Stair 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:								
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 Stair Climbing: Hours Week: Hours Stair Climbing: Hours Using a Computer: Hours Using the Telephone: Hours Pushing: Hours Pushing: Hours At work, my job requires that I lift Constantly Often Sometimes Never  At work, my job requires that I lift Constantly Often Sometimes Never	During a typica	al 8-hour day, How ma	any hours do you	.?	At work, on aver	rage, how m	uch time do you	spend?
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 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: 11 lbs to 25 lbs:	Sit:		Hours		Squatting:			Hours
Drive: Hours Reaching Up: Hours  At work, on average, how many hours do you work per  Day/Shift: 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  10 lbs or less: 11 lbs to 25 lbs:	Stand:		Hours		Stooping/bending	:		Hours
At work, on average, how many hours do you work per  Day/Shift:  Hours  Crawling:  Hours  Stair Climbing:  Ladder Climbing:  Using a Computer:  Using the Telephone:  Pushing:  Pulling:  Lifting Overhead:  At work, my job requires that I lift  Constantly  Often  Sometimes  Never	Walk:		Hours		Kneeling:			Hours
At work, on average, now many nours do you work per  Day/Shift:  Hours  Hours  Stair Climbing:  Ladder Climbing:  Using a Computer:  Using the Telephone:  Pushing:  Pulling:  Lifting Overhead:  At work, my job requires that I lift  Constantly  Often  Sometimes  Never	Drive:		Hours		Reaching Up:			Hours
Per  Day/Shift:  Hours  Hours  Stair Climbing:  Ladder Climbing:  Using a Computer:  Using the Telephone:  Pushing:  Pulling:  Lifting Overhead:  Hours  Hours  Hours  Hours  Hours  Hours  Hours  Hours  Hours  Formal Twisting:  Hours  Hours  Hours  Hours  Hours  Pushing:  Pulling:  Lifting Overhead:  Mat work, my job requires that I lift  Constantly  Often  Sometimes  Never	At work, on a	average, how many	hours do vou w	ork	Reaching Out:			Hours
Week:  Hours  Hours  Ladder Climbing:  Using a Computer:  Using the Telephone:  Pushing:  Pulling:  Lifting Overhead:  Hours  Hours  Hours  Hours  Hours  Hours  Hours  Pushing:  Pulling:  Lifting Overhead:  Mours  Hours  Hours  Hours  Hours  Hours  Hours  Hours  Lifting Overhead:  Mours  Hours  Hours  Hours  Hours  Lifting Overhead:	per	average, noveman	nous do jou	0111	Twisting:			Hours
Week:  Hours  Ladder Climbing:  Using a Computer:  Hours  Hours  Hours  Hours  Hours  Hours  Pushing:  Pulling:  Lifting Overhead:  Hours  Lifting Overhead:  More, my job requires that I lift  Constantly  Often  Sometimes  Never	Dav/Shift:		Hours		Crawling:			Hours
Ladder Climbing:  Using a Computer:  Hours  Hours  Hours  Pushing:  Pulling:  Lifting Overhead:  Hours  Hours  Hours  Hours  Hours  Hours  Hours  Hours  Hours  Lifting Overhead:  More Never  10 lbs or less:					Stair Climbing:			Hours
Using the Telephone:  Pushing:  Hours  Pulling:  Lifting Overhead:  Hours  Hour					Ladder Climbing	:		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:					Using a Computer	::		Hours
Pulling: Lifting Overhead:  Hours  At work, my job requires that I lift  Constantly  Often  Sometimes  Never  10 lbs or less:					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:					Pushing:			Hours
At work, my job requires that I lift Constantly Often Sometimes Never  10 lbs or less:					Pulling:			Hours
10 lbs or less :  11 lbs to 25 lbs :					Lifting Overhead	:		Hours
10 lbs or less :  11 lbs to 25 lbs :	At work, my	job requires that I l	lift	Constant	ly Oft	ten	Sometimes	Never
	10 lbs or less:	J						
26.11 + 50.11	11 lbs to 25 lbs :	:	}		$\longrightarrow$	$\longrightarrow$		{
26 lbs to 50 lbs :	26 lbs to 50 lbs :	:	}		$\longrightarrow$	}		
51 lbs to 75 lbs :								
76 lbs to 100 lbs :		S:	(					
over 100 lbs :	over 100 Ibs:							
At work, my job includes Constantly Often Sometimes Never	At work, my	job includes		Constant	ly Oft	ten	Sometimes	Never
Repetitive Hand Movement:	Repetitive Hand	Movement:						
Repetitive Foot Movement:	Repetitive Foot	Movement:						
Power Gripping:								
Precision Handling:		ing:						
	Balancing:	m m over /t over L J .				[		} []
Use of computer mouse/touch pad:  Timed work for efficiency:			}		}	}		{ }
Simultaneous computer & telephone:			}			{		{ }



# **INJURY INFORMATION**

PATIENT	#				
Name:	JOSEPH BIRD		SSN:	XXX-XX9999	
INJURY I	NFORMATION #				
Briefly descr	ibe your injury :				
					Yes No
Did you go	to the Emergency F	Room at a Hospital?			
If not an E	mergency Room, Ac	l you go to some other ty	pe of medical	facility?	
Were x-ray	rs taken?				
If an auto a	accident, was the vel	nicle drivable after the ac	cident?		
Do you hav	ve any previous inju	ry to the sense area?			
Are you sti	ll being treated for t	his injury?			
If you are s	till being treated for	this injury, by whom?			
Name:					
Address:					
City, Zip:					
Phone					



## **PAIN INFORMATION**

Document Date: 04/12/23

#### PATIENT #

Name: JOSEPH BIRD 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: 04/12/23

PATIENT #			
Name:	JOSEPH BIRD	SSN:	XXX-XX9999
WAIVER IN	FORMATION		

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: 04/12/23

PATIENT #				
Name:	JOSEPH BIRD	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: 04/12/23

PATIENT #					
Name:	JOSEPH BIRD	SSN:	XXX-XX9999		
PRIVACY	INFORMATION Page (2 of 3)				
Appointme	ent Reminders: Your health inforr	mation will be used by or	ur staff to send you appointment reminders.		
interesting		nt of your medical condit	d to send you information that you may find ion. From our database, we may also send you be of interest to you**		
	Please do not use my he	ealth information for the	above-mentioned services.		

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

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

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

The right to inspect and copy your protected health information;

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

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

The right to receive a printed copy of this notice

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

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

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



Document Date: 04/12/23

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PA	 IIH.I	V	#

Name:	JOSEPH BIRD	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:	JOSEPH BIRD	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 : SIGNATURE:_ 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.
	Relationship to Patient :_		