

Patient Information and Treatment Authorization

PATIENT I	INFORMATION #		WESTSTAR BURBANK
Name:	TOMIK HARTOONI	SSN:	XXX-XX9999
Address:	10008 ROSCOE BLVD	Sex:	
City, Zip:	SUN VALLEYCA91352	DOB:	06/24/1995
Home Ph:	(818)967-1158	Age:	27
Work Ph:		Email:	
Cell Ph:			
PATIENT I	INFORMATION #		
Date:	01/15/2023	Post Sx:	
Type:	PI	Sx Date:	
REFERRIN	NG DOCTOR INFORMATION		
Name:	KASIMIAN, STEPAN	Body Pts:	
Address:			
City, Zip:	GLENDALECA91206		
Phone:	(818)500-9286	Dx:	
ATTORNE	Y INFORMATION		
Name:		Address:	
City, Zip:		Phone:	
EMPLOYM	MENT INFORMATION:		
Name:		Address:	
City, Zip:		Phone:	
PRIMARY	INSURANCE INFORMATION	SECONDAR	RY INSURANCE INFORMATION
Name:		Name:	
Address:		Address:	
Adj/Ph#:		Adj/Ph#:	
Type:		Type:	
Ins Name :		Ins Name :	
Pol#/Clm#:		Pol#/Clm#:	
RELEASE (OF INFORMATION and ASSIGN	MENT OF BENEFITS	
I hereby aut	thorize WestStar Physical Therapy	to release information r	requested by my insurance carrier t of my insurance benefits to WestStar
		05/01/23	
TOMIK H	ARTOONI	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? Sit: Hours Squatting: Hours Stand: Hours Kneeling: Hours Hours Hours	PATIENT	#					
ADDITIONAL JOB DETAILS During a typical 8-hour day, How many hours do you? Sit:	Name:	TOMIK HARTO	OONI	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:							
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 Walk: Hours Kneeling: Hours At work, on average, how much time do you spend? Squatting: Hours Reaching Up: Hours Reaching Up: Hours Reaching Up: Hours Reaching Out: Twisting: Hours Twisting: Hours Crawling: Hours Stair Climbing: Hours Using a Computer: Hours Using the Telephone: 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: R	Job Title:						J
During a typical 8-hour day, How many hours do you? Sit: Hours Squatting: Hours Stand: Hours Stooping/bending: Hours Make: Hours Reaching Up: Hours At work, on average, how many hours do you work per Hours Crawling: Hours Week: Hours Stair Climbing: Hours Ladder Climbing: Hours Week: Hours Using the Telephone: 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: Repetitive Foot Movement: Repetitive Foot Movement: Precision Handling: Balancing: Use of computer mouse/touch pad: Use of computer mouse/touc	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 Week: Using a Computer: 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 At work, my job includes Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Foot Movement: Procession Handling: Hours Never Repetitive Foot Movement: Procession Handling: Hours Never Procession Handling: Hours Sometimes Never Repetitive Foot Movement: Procession Handling: Hours Never Repetitive Foot Movement: Hours Never Hours Never Repetitive Foot Movement: Hours Never Never Hours Never Never Hours Never	ADDITION	NAL JOB DETAI	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 Ludder Climbing: Hours Pushing: 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: 76 lbs to 100 lbs: 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 Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad:							
Stand: Hours Stooping/bending: Hours Walk: Hours Hours Kneeling: Hours Reaching Up: Hours Reaching Up: Hours Reaching Up: Hours Reaching Out: Hours Forwards, on average, how many hours do you work per Day/Shift: Hours Stair Climbing: Hours Stair Climbing: Hours Ladder Climbing: Hours Using a Computer: Hours Pushing: Hours Pushing: Hours Lifting Overhead: Hours Pushing: Hours Stair Climbing: Hours Stair Climbing	During a typ	oical 8-hour day, Hov	w many hours do you?		_	how much time do yo	
Malk: Hours Kneeling: Hours At work, on average, how many hours do you work per Day/Shift: Hours Week: Hours Hours Hours Ladder Climbing: Hours Using a Computer: Hours Pulling: Hours At work, my job requires that I lift Constantly Often Sometimes Never 10 lbs or less: 126 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs: At work, my job includes 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 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 Hand Movement: Repetitive Foot Movement: Constantly Often Sometimes Never	Stand:		Hours				Hours
At work, on average, how many hours do you work per Day/Shift: Hours Crawling: Hours Hours Hours Hours Hours Hours Hours Ladder Climbing: Using a Computer: Hours Hours Hours Hours Hours Ladder Climbing: 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 It lbs to 25 lbs : 26 lbs to 50 lbs : 51 lbs to 75 lbs : 76 lbs to 100 lbs: Over 100 lbs : Over 100 lbs: At work, my job includes Constantly Often Sometimes Never Repetitive Hand Movement : Repetitive Hand Movement : Repetitive Foot Movement : Precision Handling : Balancing : Use of computer mouse/touch pad :	Walk:		Hours	Kneeling	g:		Hours
At work, on average, how many hours do you work per Day/Shift: Hours Hours Crawling: Hours Stair Climbing: Hours Ladder Climbing: Hours Using a Computer: Hours Pushing: 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: 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 Foot Movement: 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 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 o	n average how m	 nany hours do vou wo	Reaching	Reaching 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 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: 12 lbs to 50 lbs: 15 lbs to 75 lbs: 16 lbs to 100 lbs: 16 lbs to 100 lbs: 16 lbs to 100 lbs: 17 lbs to 100 lbs: 17 lbs to 100 lbs: 17 lbs to 100 lbs: 18 lbs to 100 lbs: 18 lbs to 100 lbs: 19 lbs to 100 lbs: 10 lbs to 100 lbs to		ii average, novi ii	ially liouis ao you wo	Twisting	;:		Hours
Week: Hours Ladder Climbing: Using a Computer: Hours Hours Using the Telephone: Pushing: 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: 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:			Hours	Crawling	· ·		Hours
Ladder Climbing: Using a Computer: Hours Using the Telephone: Hours Pushing: 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: Constantly Often Sometimes Never 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:			\Rightarrow	Stair Cli	mbing:		Hours
Using the Telephone: Pushing: 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 Never Constantly Often Sometimes Never Constantly Often Sometimes Never Begetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad:	WCCK.		Tiouis	Ladder (Climbing:		Hours
Using the Telephone: Pushing: 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 Never Constantly Often Sometimes Never Constantly Often Sometimes Never Begetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad:				Using a	Computer:		Hours
Pushing: 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 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: 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 :				_			\rightarrow
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:				_			
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:							
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 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:			_		———		
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, m	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:	TOMIK HARTOONI		SSN:	XXX-XX99	999
INJURY I	NFORMATION #				
Briefly desc	ribe your injury :				
					Yes No
Did you go	o to the Emergency Room a	a Hospital?			
If not an E	Emergency Room, Ad you g	to some other typ	pe of medica	al facility?	
Were x-ra	ys taken?				
If an auto	accident, was the vehicle dr	vable after the acc	eident?		
Do you ha	ve any previous injury to th	e sense area?			
Are you st	ill being treated for this inju	ry?			
If you are	still being treated for this in	ury, by whom?			
Name:					
Address:					
City, Zip:					
Phone					



PAIN INFORMATION

Document Date: 05/01/23

PATIENT

Name: TOMIK HARTOONI 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: 05/01/23

PATIENT #			
Name:	TOMIK HARTOONI	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: 05/01/23

PA	T	IE	N	T	#
----	---	----	---	---	---

Name:	TOMIK HARTOONI	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: 05/01/23

PATIENT	<u>'</u> #			
Name:	TOMIK HARTOONI	SSN:	XXX-XX9999	
PRIVACY	Y INFORMATION Page (2 of 3)			
Appointm	ent Reminders: Your health informa	tion will be used by ou	ar staff to send you appointment reminde	S.
interesting		of your medical condit	d to send you information that you may from our database, we may also send to of interest to you**	
	Please do not use my healt	th 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: 05/01/23

P	T	IEI	VT	#

Name:	TOMIK HARTOONI	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:	TOMIK HARTOONI	SSN:	XXX-XX9999
PRIVACY	ACKNOWLEDGMENT INFORMATION	N	
acknowled	•	e of Privacy Pr	of Privacy Practices actices for West Star Physical therapy and es the right to modify or amend the privacy
	Patien SIGNATUR Da		
Patient Re	presentative is required if the patient is a m	ninor or patient	is an adult who is unable to sign this form.
	Name of Patient Representativ Relationship to Patien SIGNATUR Da	t : E:	