

# **Patient Information and Treatment Authorization**

PATIENT II	NFORMATION #		WESTSTAR HAWTHORNE
Name:	MYRON DICKENS	SSN:	XXX-XX6226
Address:	11954 GREVILLEA AVE APT M	Sex:	M
City, Zip:	HAWTHORNECA90250	DOB:	06/07/1973
Home Ph:	(310)242-7581	Age:	50
Work Ph:		Email:	
Cell Ph:			
PATIENT II	NFORMATION #		
Date:	09/15/2022	Post Sx:	
Type:	WC	Sx Date:	
REFERRIN	G DOCTOR INFORMATION		
Name:	PARSA, RONNA	Body Pts:	
Address:	4014 LONG BEACH BLVD STE 210		
City, Zip:	LONG BEACHCA90807		
Phone:	(562)997-7100	Dx:	
ATTORNEY	INFORMATION		
Name:		Address:	
City, Zip:		Phone:	
EMPLOYM	ENT INFORMATION:		
Name:		Address:	
City, Zip:		Phone:	
PRIMARY I	NSURANCE INFORMATION	SECONDARY	Y INSURANCE INFORMATION
Name:		Name:	
Address:		Address:	
Adj/Ph#:		Adj/Ph#:	
Type:		Type:	
Ins Name:		Ins Name :	
Pol#/Clm#:		Pol#/Clm#:	
RELEASE C	OF INFORMATION and ASSIGNMENT	OF BENEFITS	
concerning t	norize WestStar Physical Therapy to rele his illness upon request. I hereby authoriz rapy for services rendered.		
		08/01/23	
MYRON D	ICKENS	Date Sign	ned



# **JOB INFORMATION #**

JOB INFORMATION #	PATIENT	#						
ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you?  Si:	Name:	MYRON DICKEN	IS		SSN:	XXX-XX6	226	
ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you?  Si:	JOB INFO	RMATION #						
ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you? Sit: Hours Squatting: Hours Stand: Hours Stooping bending: Hours Walk: Hours Reaching Up: Hours At work, on average, how much time do you spend? Squatting: Hours Stand: Hours Stooping bending: Hours Reaching Up: Hours At work, on average, how many hours do you work per Drive: Hours Reaching Up: Hours Reaching Out: Hours Stair Climbing: Hours Stair Climbing: Hours Using a Computer: 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: 15 lbs to 55 lbs: 15 lbs to 57 lbs: 10 lot of bre: At work, my job includes Constantly Often Sometimes Never Repetitive Hand Movement: Repetitive Foot Movement: Repetitive Foot Movement: Power Offings: Precision Handling: Hours Never Repetitive Hand Movement: Repetitive Foot Movement: Power Offings: Precision Handling: Hours Never Repetitive Hand Movement: Power Offings: Precision Handling: Hours Never Repetitive Hand Movement: Power Offings: Precision Handling: Hours Never Repetitive Foot Movement: Power Offings: Precision Handling: Hours Never Repetitive Hand Movement: Power Offings: Precision Handling: Hours Never Repetitive Hand Movement: Power Offings: Precision Handling: Hours Never Repetitive Hand Movement: Power Offings: Precision Handling: Hours Never								
ADDITIONAL JOB DETAILS  During a typical 8-hour day, How many hours do you?  Sit:	Job Title:							
During a typical 8-hour day, How many hours do you?  Sit: Hours Squating: 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  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  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  Power Gripping: Hours  At work of the sound is a sometime of the	Job Descript	ion:						
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At work, on average, how many hours do you work per Day/Shift: Hours Week: Hours  Hours  Hours  Hours  Crawling: Hours  Stair Climbing: Hours  Ladder Climbing: Hours  Using a Computer: 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 75 lbs: 76 lbs to 100 lbs: Over 100 lbs:  At work, my job includes  Constantly Often Sometimes Never  Repetitive Hand Movement: Constantly Often Sometimes Never  Repetitive Foot Movement: Constantly Often Sometimes Never	Stand:		Hours		Stooping/bend	ing:		Hours
At work, on average, how many hours do you work per Day/Shift: Hours Hours Hours  Crawling: Hours Hours Hours  Stair Climbing: Ladder Climbing: Hours Using a Computer: Hours  Using a Computer: Hours  Hours  Hours  Hours  Lafting Overhead: Hours  At work, my job requires that I lift Constantly Often Sometimes Never  To lbs to 25 lbs: To lbs to 50 lbs: To lbs to 100 lbs: To lbs to 100 lbs: To over 100 lbs:  At work, my job includes  Constantly Often Sometimes Never  Constantly Often Sometimes Never  To lbs to 75 lbs: To over 100 lbs: To	Walk:		Hours		Kneeling:			Hours
At work, on average, now many nours do you work per  Day/Shift: Hours  Week: Hours  Hours  Ladder Climbing: Hours  Using a Computer: Hours  Using the Telephone: Hours  Pushing: Hours  Pushing: Hours  Lifting Overhead: Hours  At work, my job requires that I lift Constantly Often Sometimes Never  10 lbs or less: 11 lbs to 25 lbs: 26 lbs to 50 lbs: 51 lbs to 75 lbs: 76 lbs to 100 lbs: over 100 lbs:  At work, my job includes Constantly Often Sometimes Never  Repetitive Hand Movement: Repetitive Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:	Drive:		Hours		Reaching Up:			Hours
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Week: 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 :  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 Tele	phone:		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:  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:  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:					Lifting Overhe	ead:		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:  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, m	ny iob 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: Timed work for efficiency:								
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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:								
Repetitive Hand Movement:  Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:  Timed work for efficiency:	over 100 Ibs:							
Repetitive Foot Movement:  Power Gripping:  Precision Handling:  Balancing:  Use of computer mouse/touch pad:  Timed work for efficiency:	At work, m	ny job includes		Constant	ly	Often	Sometimes	Never
Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad: Timed work for efficiency:	Repetitive Ha	and Movement:						
Precision Handling:  Balancing:  Use of computer mouse/touch pad:  Timed work for efficiency:								
Balancing: Use of computer mouse/touch pad: Timed work for efficiency:								
Use of computer mouse/touch pad :  Timed work for efficiency :		ndling:						
Timed work for efficiency:		iter mouse/touch and						{
					{			{
			:					{



# **INJURY INFORMATION**

PATIENT	#					
Name:	MYRON DICKENS		SSN:	XXX-XX6226		
INJURY I	NFORMATION#					
Briefly descr	ribe your injury :					
					Yes	No
Did you go	to the Emergency Roo	m at a Hospital?				
If not an E	mergency Room, Ad yo	ou go to some other typ	be of medical fa	acility?		
Were x-ray	ys taken?					
If an auto a	accident, was the vehicl	e drivable after the acc	eident?			
Do you ha	ve any previous injury t	o the sense area?				
Are you sti	ill being treated for this	injury?				
If you are	still being treated for the	is injury, by whom?				
Name:						
Address:						
City, Zip:						
Phone						



### **PAIN INFORMATION**

Document Date: 08/01/23

### PATIENT #

Name: MYRON DICKENS SSN: XXX-XX6226

### 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: 08/01/23

PATIENT #			
Name:	MYRON DICKENS	SSN:	XXX-XX6226

#### 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: 08/01/23

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Name:	MYRON DICKENS	SSN:	XXX-XX6226

#### **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: 08/01/23

PATIENT #						
Name:	MYRON DICKENS	SSN:	XXX-XX6226			
PRIVACY	INFORMATION Page (2 of 3)					
Appointme	ent Reminders: Your health informa	ation will be used by ou	ur staff to send you appointment reminders.			
interesting		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**	l		
	Please do not use my heal	th 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: 08/01/23

TD A		TATT	r #

Name:	MYRON DICKENS	SSN:	XXX-XX6226

### **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:	MYRON DICKENS	SSN:	XXX-XX6226
PRIVACY	ACKNOWLEDGMENT INFORMATION	ON	
acknowled	*	ce of Privacy Pr	of Privacy Practices actices for West Star Physical therapy and es the right to modify or amend the privacy
	Patier SIGNATUF D	DE.	
Patient Re	presentative is required if the patient is a	minor or patient	is an adult who is unable to sign this form.
	Relationship to Patier SIGNATUR	nt :	