

Patient Information and Treatment Authorization

PATIENT I	NFORMATION #		WESTSTAR RIVERSIDE
Name:	CECILIA BARRAZA	SSN:	XXX-XX0046
Address:	11479 SUMMIT COURT	Sex:	F
City, Zip:	CORONACA92883	DOB:	05/23/1959
Home Ph:	(562)597-5307	Age:	64
Work Ph:	(562)933-0482	Email:	
Cell Ph:	(562)505-3757		
PATIENT I	NFORMATION#		
Date:	04/06/2023	Post Sx:	
Type:	WC	Sx Date:	
REFERRIN	IG DOCTOR INFORMATION		
Name :	DORSEY, JOHN	Body Pts:	
Address:	25431 CABOT ROAD STE 110		
City, Zip:	LAGUNA HILLSCA92653		
Phone:	(949)716-1900	Dx:	
ATTORNE	Y INFORMATION		
Name:		Address:	
City, Zip:		Phone:	
EMPLOYM	IENT 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 ASSIGNM	MENT OF BENEFITS	
concerning t	chorize WestStar Physical Therapy this illness upon request. I hereby auterapy for services rendered.		requested by my insurance carrier t of my insurance benefits to WestStar
		06/26/23	
CECILIA I	BARRAZA	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:	CECILIA BARRA	ZA	SSN:	XX	X-XX0046	
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:						
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: Precision Handling: Hours Never Repetitive Foot Movement: Precision Handling: Hours Never Balancing: Use of computer mouse/touch pad: Hours Never Hours Hours Hours Sometimes Never Hours Hours Hours Sometimes Never Repetitive Foot Movement: Precision Handling: Hours Never Hours Hours Hours Never Hours Hours Hours Hours Never Repetitive Foot Movement: Precision Handling: Hours Never Hours Hours Hours Never Hours Never Hours Hours Hours Hours Never Repetitive Foot Movement: Hours Never Hours Hours Hours Hours Never Hours Hours Hours Hours Never Never Repetitive Foot Movement: Hours Never Never Hours Hours Hours Hours Hours Never Never Never Hours Hours H	ADDITION	NAL JOB DETAIL	S				
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	ical 8-hour day, How	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	n average how ma	」 ny hours do vou wo	Reaching	g 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		ii a vorago, iio w iiia	ing nound do you wo	Twisting	g:		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	g:		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 Precision Handling: Balancing: Use of computer mouse/touch pad:			\preceq	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.		Jilouis	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 Hand Movement: Repetitive Foot Movement: Power Gripping: Precision Handling: Balancing: Use of computer mouse/touch pad:							\longrightarrow
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 :				_			\longrightarrow
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:			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:	CECILIA BARRAZA		SSN:	XXX-XX0046		
INJURY IN	FORMATION#					
Briefly descri	be your injury :					
					Yes	No
Did you go	to the Emergency Ro	oom at a Hospital?				
If not an En	mergency Room, Ad	you go to some other ty	pe of medical fac	cility?		
Were x-rays	s taken?					
If an auto a	ccident, was the vehi	cle drivable after the acc	cident?			
Do you hav	re any previous injury	to the sense area?				
Are you stil	ll being treated for th	is injury?				
If you are st	till being treated for t	his injury, by whom?				
Name:						
Address:						
City, Zip:						
Phone						



PAIN INFORMATION

Document Date: 06/26/23

PATIENT

Name: CECILIA BARRAZA SSN: XXX-XX0046

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: 06/26/23

PATIENT #					
Name:	CECILIA BARRAZA	SSN:	XXX-XX0046		
	020.2.7.3.4.4.8.2.4				

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	



Notice of Privacy Practices

Document Date: 06/26/23

\mathbf{D} \mathbf{A}	ויודי	NT/I	Γ#

Name:	CECILIA BARRAZA	SSN:	XXX-XX0046

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.



PATIENT #

Notice of Privacy Practices

Document Date: 06/26/23

	<u> </u>			
Name:	CECILIA BARRAZA	SSN:	XXX-XX0046	
PRIVACY	INFORMATION Page (2 of 3)			
Appointme	ent Reminders: Your health infor	rmation will be used by ou	r staff to send you appointment reminder	s.
interesting		nt of your medical conditi	to send you information that you may find the contract of the	
	Please do not use my h	ealth information for the a	bove-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.



Notice of Privacy Practices

Document Date: 06/26/23

P	T	IEI	VT	#

Name:	CECILIA BARRAZA	SSN:	XXX-XX0046

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



Notice of Privacy Practices

PATIENT	#		
Name:	CECILIA BARRAZA	SSN:	XXX-XX0046
PRIVACY	ACKNOWLEDGMENT INFORMATION		
acknowled	Acknowledgement of Received, read and fully understand the Notice or alge and understand that West Stat Physical the outlined 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.