

Adapt Physical Therapy & Player Development

Health Intake Form

Name: _____ DOB: _____

Address: _____ Sex/Gender: _____

School: _____ Sports: _____

Occupation: _____ Cell Phone: _____

Medical History

Please Check all that apply:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergies
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Alcohol/Substance abuse
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Anemia
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Cirrhosis
<input type="checkbox"/> Cancer	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Depression	<input type="checkbox"/> Elevated Cholesterol
<input type="checkbox"/> Emphysema	<input type="checkbox"/> Fractures
<input type="checkbox"/> Gall bladder disease	<input type="checkbox"/> Headaches
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Heart disease	<input type="checkbox"/> Migraines
<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Post traumatic stress	<input type="checkbox"/> Prostate
<input type="checkbox"/> Stroke	<input type="checkbox"/> Sexually transmitted infections
<input type="checkbox"/> Surgeries	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Thyroid	<input type="checkbox"/> Urinary tract infections
<input type="checkbox"/> Venous Thrombosis	<input type="checkbox"/> Previous Imaging (CT,MRI,XRAY, other)

Other : _____

Waiver and Release of Liability

In agreeing to receive care provided by Adapt Physical Therapy & Player Development, L.L.C. ("Adapt") and use the facilities Adapt subleases from Top Speed LLC doing business as ("Top Speed") located at 13932 W 108th Street, Lenexa, KS 66215, I agree as follows:

I fully understand and acknowledge that (a) the activities in which I will engage as part of the treatment provided by Adapt and the physical therapy/performance training I may use as part of that treatment have inherent risks, dangers, and hazards and such exists in my use of any equipment and my participation in these activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including , but not limited to, bodily injury, disease, strains, fractures, partial and/or total paralysis, death, or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the representatives or employees of Adapt, Top Speed, the negligence of the participants, the negligence of others, accidents, breaches of contract, or other causes. By my participation in these activities and for use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or the conduct of the representatives or employees of Adaptor Top Speed.

I, on behalf of myself, my personal representatives, and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Adapt, Top Speed, and their representatives, employees, and assigns from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my physical therapy/performance training and/or the use of any equipment or participation in these activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by Adapt, Top Speed, or their representatives, employees, or assigns. This waiver of liability does not include a waiver of claims for gross negligence or intentional torts.

I HAVE READ THE ABOVE WAIVER AND RELEASE OF LIABILITY BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE Adapt Physical Therapy & Player Development, L.L.C. AND TOP SPEED LLC FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE EXCEPT GROSS NEGLIGENCE OR INTENTIONAL TORTS.

Name (Print) _____ Date of Birth _____

Signature _____ Date _____

If patient is a minor child:

I am the parent or legal guardian of _____ (minor child) _____, born the ____ day of _____, ____ 20 _____. I HAVE READ THE ABOVE WAIVER AND RELEASE OF LIABILITY AND BY SIGNING IT AGREE THAT I DO, ON BEHALF OF _____ (minor child) _____, HEREBY EXCEMPT AND RELIEVE Adapt Physical Therapy & Player Development, L.L.C. AND TOP SPEED LLC FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE EXCEPT GROSS NEGLIGENCE OR INTENTIONAL TORTS.

Name of minor (Print) _____ Date of Birth _____

Name of parent/guardian (Print)) _____

Signature _____ Date _____