

3 DIMENSIONAL PHYSICAL THERAPY

A Division of IPTA Clinical

SPORTSPERFORMANCE PROGRAM

PARTICIPANT INTAKE & MEDICAL HISTORY FORM

PARTICIPANT INFORMATION

Participant Name: _____

Date of Birth: _____ Age: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Participant is a minor (under 18 years of age)

MEDICAL HISTORY & HEALTH DISCLOSURE

Check all that apply:

Heart condition High blood pressure Asthma/respiratory
 Diabetes Neurological condition Recent surgery (12 months)
Muscle/joint/bone injury Dizziness/fainting Pregnancy Other:

Explain any checked items:

Current medications: _____

Allergies: _____

Primary care physician (optional): _____

CURRENT GOALS / REASON FOR PARTICIPATION

ACKNOWLEDGMENT

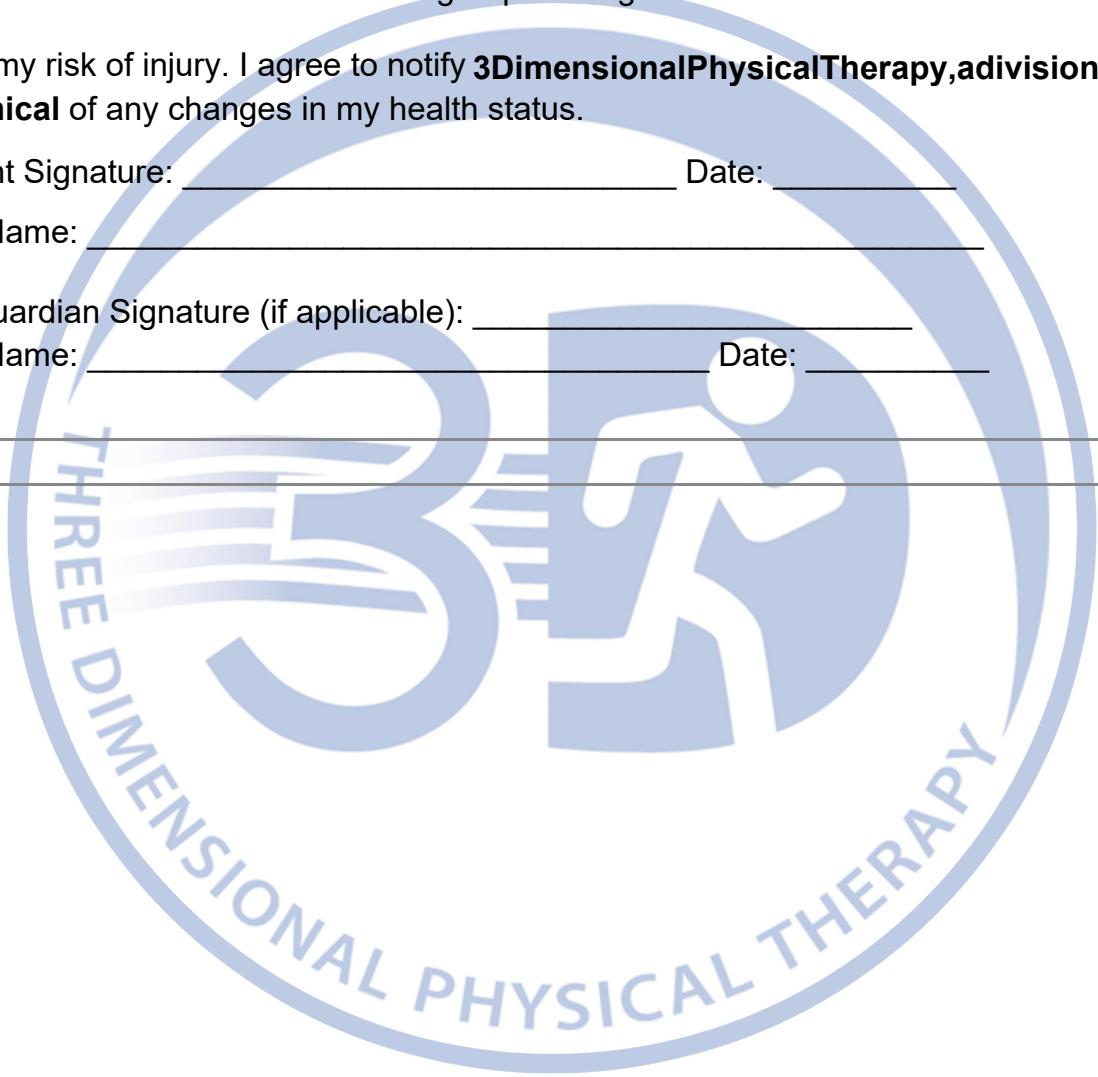
I certify that the information provided above is accurate and complete to the best of my knowledge. I understand that withholding or providing inaccurate medical information may increase my risk of injury. I agree to notify **3DimensionalPhysicalTherapy, a division of IPTA Clinical** of any changes in my health status.

Participant Signature: _____ Date: _____

Printed Name: _____

Parent/Guardian Signature (if applicable): _____

Printed Name: _____ Date: _____



3 DIMENSIONAL PHYSICAL THERAPY

A Division of IPTA Clinical
SPORTS PERFORMANCE PROGRAM

INFORMED CONSENT, WAIVER OF LIABILITY & FINANCIAL AGREEMENT

PROGRAM DESCRIPTION

The Sports Performance Program at **3 Dimensional Physical Therapy, a division of IPTA Clinical**, may include strength training, conditioning, speed and agility training, mobility exercises, corrective exercise, neuromuscular re-education, and other performance-based activities. Services may be provided by licensed physical therapists and/or trained staff under appropriate supervision within a medical facility.

INFORMED CONSENT TO PARTICIPATE

I voluntarily consent to participate in the Sports Performance Program at 3 Dimensional Physical Therapy, a division of IPTA Clinical, and understand participation involves physical activity that may stress the musculoskeletal, cardiovascular, and neurological systems.

- Purpose, benefits, and risks have been explained
- I have had the opportunity to ask questions
- I may withdraw consent at any time

Initials: _____ Date: _____

ASSUMPTION OF RISK

I understand participation involves inherent risks, including but not limited to soreness, strains, sprains, fractures, joint injury, cardiovascular events, or other injury. I voluntarily assume all risks, known or unknown.

Initials: _____ Date: _____

WAIVER & RELEASE OF LIABILITY

To the fullest extent permitted by law, I release **IPTA Clinical and 3 Dimensional Physical Therapy**, its owners, employees, contractors, therapists, and affiliates from all claims arising from participation, except in cases of gross negligence or willful misconduct.

This applies to injuries or damages sustained while participating or on the premises.

Initials: _____ Date: _____

FINANCIAL RESPONSIBILITY (CASH-BASED)

- Services are cash-based and not billed to insurance
- Payment is due at first session unless agreed in writing
- No refunds for completed or unused sessions
- Card on file may be charged for agreed services

Initials: _____ Date: _____

CANCELLATION / NO-SHOW POLICY

- 24-hour notice required for cancellations
- Less than 24 hours or missed visits incur a **\$20 fee**

Initials: _____ Date: _____

HIPAA & PRIVACY

I acknowledge that I received, or was offered, information regarding my HIPAA rights and access to the Notice of Privacy Practices.

Initials: _____ Date: _____

PHOTO / VIDEO AUTHORIZATION (OPTIONAL)

I consent I do not consent

SIGNATURES

Participant Signature: _____ Date: _____

Printed Name: _____

Parent/Guardian Signature (if applicable): _____

Printed Name: _____ Date: _____