

Denver Sports Recovery: Confidential Client Intake Form

CLIENT INFORMATION:

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Phone Number (best #): _____ Alternate #: _____

Email Address: _____

Occupation: _____

How did you hear about us? Online Search Friend/Family Event Social Media Other _____

If Applicable, who referred you? _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Medical History (check any that apply):

- Headaches Arthritis Pace Maker Cancer/Tumors Vision Problems
 Neuropathy Scoliosis Tendonitis Heart Disease Numbness/Tingling
 Jaw Pain Diabetes Skin Problems Sleep Problems Untreated Hypertension
 Pregnant Depression Sprains/Strains Chronic Pain History of DVT/Blood Clot
 Other (please describe): _____

Please list any medications you are currently taking: _____

Physical activities you participate in regularly _____

What is your consistency of activity?

1-2 times/week 3-4 times/week 5-6 times/week 7+ times/week

What is your level of activity? Recreational Athlete Competing Athlete (not school related)

High School Athlete Collegiate Athletes Professional Athlete N/A

Reason for Visit: Injury/Concern General Recovery/Preventative

Occupational/Lifestyle Induced Discomfort Other _____

What movements or activities are limited by pain/injury? _____

List any major surgeries/injuries: _____

Rate your level of pain: 1 2 3 4 5 6 7 8 9 10
No Pain Intolerable Pain

How long have you been dealing with concern? Days Weeks Months Years N/A

Are there specific areas you would like to work on? _____

Are there other therapies and treatments you are interested in at DSR? _____

The Recovery Center provides clients with full access to recovery tools and passive modalities to use at their own discretion. There is always a Recovery Specialist on staff that can help assist in guiding clients through which tools and modalities may be most applicable to their situation. Notes can be made so that the client has a regiment to follow when utilizing the facility.

I understand the benefits and risks of soft tissue therapy and give my consent to therapy. I will consult my practitioner with any questions or concerns immediately. I have stated all medical conditions that I am aware of and will keep my practitioner informed of any changes. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for payment of the scheduled appointment. I agree to provide **12-hour** notice for any cancellation. If I fail to do so, I agree to pay the \$35 cancellation fee.

Client Signature: _____ Date: _____

INFORMED CONSENT AGREEMENT AND WAIVER OF LIABILITY:

As a condition to, and in consideration of, my use of Denver Sports Recovery center, including the exercise and recovery equipment, shower/locker room facilities, hot/cold tubs, and sauna included therewith (collectively, the "Denver Sports Recovery") located in the building having a street address of 2242 W 29th Avenue, Denver, CO 80211. I have agreed to execute this Informed Consent Agreement and Waiver of Liability (this "Release") for Denver Sports Recovery and its members and employees. I hereby certify, covenant and agree as follows:

The Recovery Center:

1. I am in good physical condition and am able to use the facilities and equipment at Denver Sports Recovery. I am not aware that I have any medical condition or symptoms that would prevent me from participating in, or increase my risk of health problems arising out of activities or utilization of equipment at Denver Sports Recovery.
2. I understand that Denver Sports Recovery has an attendant available for assistance with the recovery equipment but he/she does not have any expertise in diagnosing, examining or treating medical conditions of any kind or in determining the effect of any specific use of equipment or exercise on such medical condition, and no representations to the contrary have been made to me. Notwithstanding the foregoing, I acknowledge that the attendant or employee, but shall not be obligated to, administer first aid to me in the event that they shall deem an emergency to exist, and I hereby grant my permission to the administering of first aid in such circumstances and agree that I will be solely responsible for any medical costs and expenses which may arise as a result thereof.

Denver Sports Recovery strongly recommends an assessment with one of the doctors in the facility if you fall under one of the following conditions:

- i. Acute injury
- ii. Injury assessment/testing
- iii. Post-surgery
- iv. Any diagnostic testing/imaging results
- v. Exercise protocol to aid in the rehabilitation of an injury
- vi. Injury that has not improved or is getting worse

3. I understand that my use of Denver Sports Recovery, including any equipment and/or the facilities located therein, presents the risk of physical injury or death, and/or of loss of or damage to my personal property. I assume this risk and agree that my use of Denver Sports Recovery shall, at all times, be at my own risk. I on behalf of myself, my heirs and personal representatives, hereby knowingly and voluntarily agree to waive and release owner and owner parties from any liability, loss, cost, damage, expense, claim or suit whatsoever (collectively, "claims") for any and all injury, loss, illness, harm, cost, expense, claim, suit, or damage resulting from or related to my use of Denver Sports Recovery or the equipment and facilities located therein. I further agree to agree to indemnify and hold harmless owner and all owner parties from and against any and all third-party claims arising as a result of my use of Denver Sports Recovery.
4. I have fully read and fully understand the foregoing assumption of risk and release of liability and I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property cause by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.
5. **Consent to Treatment of a Minor:** I hereby authorize Denver Sports Recovery and its staff/contractors to administer treatment and therapeutic modalities to the participant below. In the event that the minor has received treatment at facility previous to the date of this consent form, I hereby authorize such treatment in addition to the treatment mentioned above. I further authorize the minor to compete and sign any documents at Denver Sports Recovery which are customarily completed and signed by patients/clients/participants at the facility as a condition of treatment, and such signature shall serve as my own. In no event shall my signature to any other such document have any effect on this consent form.

Parent/guardian's name (please print) _____

Parent/guardian signature (if participant is under 18 years of age) _____

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE AND WAIVER OF LIABILITY AND SIGN IT KNOWINGLY, VOLUNTARILY, AND OF MY OWN FREE WILL.

Participant's name (please print) _____

Participant's signature _____

Date _____