

Gym Patient Policies

Current Patients ALWAYS have first access to gym equipment.

Gym patients must sign in when entering the gym **and** sign out before leaving.

All equipment is to be returned to where it belongs when gym patient is finished using it.

Wipe down equipment after using it with provided cleaner and paper towels.

No Children allowed in Gym area. Also no patient pets allowed.

Please do not work out if you have a contagious illness.

This facility and equipment are used at the gym patients own risk.

Ice packs, hot packs and towels are available for member's use.

It is our desire to provide a healthy safe environment to work out . If you see a way for us to improve in these areas please share your ideas with us.

A more detailed description of our policies will be explained and discussed during your orientation appointment.

Please fill out the Health History Form in full before your appointment.

Thank you for your cooperation.



Southwest
PHYSICAL THERAPY
 & John Breuer
 REHABILITATION SERVICES

GYM PATIENT AGREEMENT

GYM PATIENT INFORMATION:

NAME: _____ DOB: _____

ADDRESS: _____ RECEIVED POLICY _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK OR CELL _____ EMAIL: _____

PLACE OF EMPLOYMENT: _____

EMERGENCY CONTACT: _____ PHONE: _____

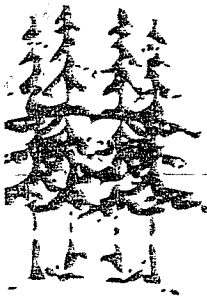
DUES: \$35.00 _____ \$60 _____ START DATE: _____
 (INDIVIDUAL) (COUPLE)

AMOUNT RECEIVED: _____ PAID THROUGH: _____

PAYMENT TYPE: CASH CHECK VISA MASTERCARD OTHER
 STATEMENTS WILL BE MAILED BY THE 20TH OF EACH MONTH AND DUE ON THE 1ST OF THE FOLLOWING MONTH.

When I'm using it's facilities and equipment, Southwest Physical Therapy & John Breuer Rehab Services shall not be liable for any damages arising from personal injuries sustained by me on the premises of Southwest Physical Therapy & John Breuer Rehab Services. I assume full responsibility for any injuries sustained by me. I assume full responsibility for any injuries which may occur to me on the premises of Southwest Physical Therapy & John Breuer Rehab Services and I release and discharge Southwest Physical therapy & John Breuer Rehab Services and it's owners, employees and agents from any and all claims resulting from my use of the facilities and equipment of Southwest Physical Therapy & John Breuer Rehab Services. I represent that I am in good physical condition and I have no disability or impairment preventing me from engaging in active or passive exercise or that would be detrimental to my health, safety or physical condition. If I do so engage or participate, I agree that I am responsible for any damages caused by me to the facilities and equipment of Southwest Physical Therapy & John Breuer Rehab Services.

GYM PATIENT SIGNATURE: _____ DATE: _____



Southwest

PHYSICAL THERAPY

& John Breuer

REHABILITATION SERVICES

Gym Patient Health History

Former SWPT patient _____
 Never been a SWPT patient _____
 (\$20 joining fee)

Name: _____ today's date: _____

Date of birth: _____ Age: _____ Phone # _____

Family Dr. _____

Emergency Contact Person _____ Phone # _____

Family History: (check all that apply to you)

Have you had blood relatives with a history of heart disease or stroke?

If 'yes' what age _____ and relation to you _____

Personal history:

Have you had:

- | | |
|---|---|
| <input type="checkbox"/> Heart attack or other heart problems | <input type="checkbox"/> Chest pain/pressure |
| <input type="checkbox"/> Heart murmur or palpations | <input type="checkbox"/> Chronic cough |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Blood vessel surgery | <input type="checkbox"/> Dizziness/fainting |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Numbness/Tingling |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Shortness of breath (asthma, COPD) |
| <input type="checkbox"/> Muscle, tissue or joint disease (please describe) _____ | |
| <input type="checkbox"/> Muscle, tissue or joint injuries (please describe) _____ | |
| <input type="checkbox"/> Broken bones (please describe) _____ | |
| <input type="checkbox"/> History of Falls _____ | |

List any major surgeries _____

Are you currently under a Drs care, other than routine physicals? _____ Please describe _____

Do you think you have a health problem at present? _____ Please describe _____

Please list all medications? _____

Are you a smoker? _____ How much? _____ Quit: _____

Do you consider yourself overweight? _____

What is your major concern about your health and your reason for wanting to join our gym? _____

Please sign below indicating the above information is true and factual to the best of your knowledge.

Member signature: _____

Therapist assessment:

OK for membership _____ OK with restrictions _____ (see below) Not allowed _____

Therapist: _____

Baseline Vitals:

BP _____ Pulse: _____ Resp: _____ SPO2 _____