

RUNNING INTAKE INFORMATION FORM

Name: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Height: _____ Weight: _____

How did you hear about our clinic? _____
 If by internet was it: (circle one) Google Yahoo Yelp Bing Other

Do you run For recreation Competitively Are you training for a particular race? _____

Do you Belong to a running club? _____ Have a running coach? _____

How many days a week do you run? _____ How many miles a week do you run? _____

What are your current problems with running? _____

How long has the problem been present? _____

Any previous history of pain or problems with running? _____

Pain comes on Immediately Certain timeframe or mileage After run Other

Do you participate in? Cross-training Strength training Explain: _____

Do you stretch? Before Run After Runs Before Cross-training After Cross-training Never

Do you warm up by? Walking Bounding Light Jogging Do not warm-up

Do you carry or wear? Bag or Pack Water bottle Phone or Ipod

What model shoe do you wear? _____

Approx. how long or miles have shoes been worn? _____

Have you tried other shoe brands in the past? _____

Do you currently wear an orthotic or arch support? Explain: _____

Is there anything you have found to decrease your pain? _____

What is a comfortable running pace for a training run? _____

Any other comments: _____

Current and past medical history, circle all that apply:			
Diabetes	Rheumatoid	Cancer	Epilepsy
Pacemaker	Osteoarthritis	COPD	Seizures
High Blood Pressure	Osteoporosis	Asthma	Anxiety
Heart Trouble	Joint Implants	Chest Pain	Depression
Stroke	Hemophilia	Currently Pregnant	

CONSENT AND RELEASE

I hereby give my consent to Avida PT, Inc. to perform such tasks, evaluations and procedures upon my person. During my appointments Avida PT, Inc. is not responsible for loss or damage to my personal property. Avida PT, Inc. reserves the right to discharge a patient who frequently cancels or no shows for their appointments. **Avida PT, Inc. takes pride in scheduling 45 minute one-on-one appointments. Because of this, we reserve the right to charge a \$25 no-show or cancellation fee if given less than 24 hours notice.**

PATIENT/PARENT SIGNATURE: _____ **DATE:** _____

This registration has been reviewed by attending therapist _____ (PT Initials)

ACKNOWLEDGMENT OF RECEIPT

I, _____ acknowledge that I have received the Notice of Privacy Practices issued by Avida PT, Inc

I, _____, authorize Avida PT, Inc to discuss my health information with the following persons:

Name	Relationship	Contact Information
(ie:if you would like your family doctor to receive information please include them here)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date

Signature of Patient/Guardian

Appointment Reminder Consent

Client Full Name: _____

Complete this form and sign below to give your permission for Avida PT, Inc to provide automatic appointment reminder service by email or by cell phone text message.

Step One: Select One Option Below

- Avida PT, Inc may send email messages to confirm my upcoming appointments to: _____
- Avida PT, Inc may send cell phone text messages to confirm my upcoming appointments to : _____

I recognize that normal text messaging rates may apply.

Step Two: If you would like text messages instead of email reminders, please indicate your Cell Phone Carrier.

We cannot set your account up to send email text message reminders without knowing your cell phone carrier. Please indicate your carrier below, if you would like text message reminders:

- ALLTel
- AT&T
- Boost Mobile
- Cingular
- Cricket Wireless
- Metrocall
- MetroPCS
- Nextel
- Qwest
- Sprint PCS
- T Mobile
- US Cellular
- Verizon
- Virgin Mobile

Signature of Patient or Guardian

Date