



INJURY PROOF GROUP MEDICAL VISIT

3706 Ruffin Road, Suite 129, San Diego, CA 92123

Phone: 858-587-1822 | Fax: 858-587-8967

FEE PER MEDICAL VISIT

\$147.00 Medicare patients call for reduced pricing. Fee will be collected at time of service and will be billed to insurance for direct reimbursement to patient.

REQUIREMENTS

Please bring a towel or yoga mat. All other equipment will be provided.

REGISTRATION

Name _____ Gender Male Female

Date of Birth _____

Email _____

Phone _____

Class Requested: 9:00 am 10:15 am (Tuesday & Thursday each week. Begin new each month)

Month Requested: Jan Feb Mar Apr May Jun July Aug Sept Oct Nov Dec

WAIVER APPROVAL

In consideration of accepting entry, I, the below signed intending to be legally bound for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I may have against the physician, the medical center, and the representatives, successors and assigns for any injury suffered by me in the said event. I attest that I will participate in the group medical visits, that I am able to meet the physical requirements stated for activity. I agree that in registering for this course I am obligated to pay for the full program and that any missed appointments are my financial responsibility. Furthermore, I hereby grant full permission to use my name and likeness, as well as any photographs and any record of this event which I may appear for legitimate purpose, including advertising and promotion.

Signature: _____ Date: _____

INJURY PROOF QUESTIONNAIRE

DEMOGRAPHIC

Name _____ Age _____ Gender Male Female

HISTORY

Severity of Pain: 0 1 2 3 4 5 6 7 8 9 10

Duration of Injury: < 6 Month > 6 Months >1 Year >5 Years Other _____

SYMPTOMS

Joint Pain: Hip Knee Ankle Shoulder Elbow Wrist

Cardiovascular: Chest Pain Palpitations Shortness of Breath

Neurological: Weakness Poor Balance Loss of Sensation

PHYSICAL LIMITATIONS

Past Surgeries: Joint Replacements _____

Spinal Fusion (Note Location) _____

Other _____

Previous Diagnosis (List)

Mail | Fax | Phone to confirm Registration.

This form must be completed in order to enroll.



INJURY PROOF SCHEDULE

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All visits will be held on Tuesday and Thursday in 2018
according to the following schedule (8 visits/month).

4:00 pm visits offered.

JANUARY 2018

2, 4, 9, 11, 18, 23, 25, 30 (January 16 will NOT host a visit)

FEBRUARY 2018

1, 6, 8, 13, 15, 20, 22, 27

MARCH 2018

1, 6, 8, 13, 15, 20, 22, 27 (March 29 will NOT host a visit)

APRIL 2018

3, 5, 10, 12, 17, 19, 24, 26,

MAY 2018

1, 3, 8, 10, 15, 17, 22, 24 (May 29 & 31 will NOT host a visit)

JUNE 2018

5, 7, 12, 14, 19, 21, 26, 28