Lebanon Physical Therapy
& Rehabilitative Services
We Care
276-889-4090 | www.lebanonpt.com

Athlete Assessment

Name _____ Age _____ Birthday _____

Address _____

Home Phone _____ Work Phone _____

Parent/Legal Guardian _____

Primary Health Care Provider _____Provider's Phone_____

Health History

1. Do you smoke? _____ How much? _____
2. Do you have an allergies?_____
3. Has your doctor ever said you had high or low blood pressure?_____
4. Have you (or a family member) every been told that you have diabetes?_____
5. Do you have any known cardiovascular problems (abnormal ECG, previous heart attack, abnormal heart beat, etc.)?_____
6. Has anyone in your family, under age of 50, died of heart disease? _____
7. Has your doctor every told you your cholesterol was high?_____
8. Do you have any injuries or orthopedic problems (bursitis, bad back, sprains/strains, etc.)?_____ _____
9. Are you taking any prescribed medications or dietary supplements?_____
10. Are you pregnant or post-partum less than six weeks? _____
11. Menstrual problems? _____
12. Date of last physical examination _____
13. Do you have any other medical conditions or problems not previously mentioned?_____

Athletic Assessment & Physical Conditioning Program
CONSENT FORM

ATHLETE/ STUDENT NAME _____FACILITY: LEBANON PHYSICAL THERAPY

By signing this document, I hereby agree to participate in an athletic assessment/athletic conditioning private p ay program to be conducted at **Lebanon Physical Therapy.** My decision to participate in this program is voluntary. I will be requested to perform testing, which will enable the therapist to assess and evaluate my flexibility, agility, dynamic balance, strength, and other coordination skills.

I acknowledge that performance of this p physical assessment test will entail certain risks and physiological changes that could cause light-headiness, fainting, musculoskeletal injury, and shortness of breath.

I will undergo a screening evaluation designed to identify risk factors that are associated with incurring cardiovascular disease. To compliment these factors, blood pressure, percent body fat, height and weight, and resting heart rate will be determined.

This physical assessment may be discontinued at any time due to sign of discomfort or feeling of faintness. I agree it is my responsibility to fully disclose such information as relegated by my feelings. _____ (Initials)

I certify that I have been advised of my right ot request any reasonable accommodation needed because of a disability and that I have no medical or any other condition or limitation to my performing these physical tests. _____ (Initials)

I agree to follow all instructions given to me during the testing process and to notify the therapist if I do not understand the instructions. I understand that it will be necessary to put forth maximal effort during testing and feel as if I am able to do so. _____ (Initials)

I agree to notify the therapists if I feel any pain or discomfort in the performance of the testing or performance of the drills following thereafter. I further agree to hold **Lebanon Physical Therapy** harmless if I do incur an injury during this program. _____ (Initials)

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in this program may result in an injury, am voluntarily participating in the athletic conditioning program.

I certify that this form has been fully explained to me, that I have read it or had it read to me, that the blank spaces have been filled in, and that I understand its contents. I specially release **Lebanon Physical Therapy** of any liability that could result from this athletic assessment or conditioning program.

I hereby assume all risks connected therewith and consent to participate in **Lebanon Physical Therapy's** Athletic Assessment and Conditioning Program.

I understand that cost of the program consists of ten weeks of training, including the initial assessment and follow-up testing. I agree to pay the entire fee regardless of my chosen attendance prior to completion of the program.

_____ _____
Signature of Participate Date

_____ _____
Signature of Parent Date

_____ _____
Signature of Witness Date