



Seattle Firefighter Injury Prevention Program Participant Intake and Consent Form

Personal and Health Information

Date:		Injury/Illness ID Number:		DOB:	
First Name:		MI:		Last Name:	
Position: <input type="checkbox"/> Truck <input type="checkbox"/> Engine <input type="checkbox"/> Medic <input type="checkbox"/> Boat <input type="checkbox"/> Heavy Rescue <input type="checkbox"/> Dispatch <input type="checkbox"/> Admin <input type="checkbox"/> Chief					
Battalion:		Station:		Years of Service:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:					
Areas of Current Pain		Description		Left	Right
Neck				<input type="checkbox"/>	<input type="checkbox"/>
Mid-Back				<input type="checkbox"/>	<input type="checkbox"/>
Low Back				<input type="checkbox"/>	<input type="checkbox"/>
Shoulder				<input type="checkbox"/>	<input type="checkbox"/>
Elbow				<input type="checkbox"/>	<input type="checkbox"/>
Wrist/Hand				<input type="checkbox"/>	<input type="checkbox"/>
Hip				<input type="checkbox"/>	<input type="checkbox"/>
Knee				<input type="checkbox"/>	<input type="checkbox"/>
Foot/Ankle				<input type="checkbox"/>	<input type="checkbox"/>
No pain issues				<input type="checkbox"/>	<input type="checkbox"/>
Areas of previous injury or surgery		Description		Left	Right
Neck				<input type="checkbox"/>	<input type="checkbox"/>
Mid-Back				<input type="checkbox"/>	<input type="checkbox"/>
Low Back				<input type="checkbox"/>	<input type="checkbox"/>
Shoulder				<input type="checkbox"/>	<input type="checkbox"/>
Elbow				<input type="checkbox"/>	<input type="checkbox"/>
Wrist/Hand				<input type="checkbox"/>	<input type="checkbox"/>
Hip				<input type="checkbox"/>	<input type="checkbox"/>
Knee				<input type="checkbox"/>	<input type="checkbox"/>
Foot/Ankle				<input type="checkbox"/>	<input type="checkbox"/>
No deficits				<input type="checkbox"/>	<input type="checkbox"/>
Other Medical Issues or Surgeries:				Medications:	



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Exercise and Fitness Activities

Do you exercise during your shift? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, at what intensity? (Scale of 0-10):
Most recent workout prior to screen? <input type="checkbox"/> Today <input type="checkbox"/> Yesterday <input type="checkbox"/> 2 Days <input type="checkbox"/> 3 Days <input type="checkbox"/> 4 days <input type="checkbox"/> 5 Days <input type="checkbox"/> 6 Days <input type="checkbox"/> 7 Days <input type="checkbox"/> > 7Days	What are your health and fitness goals? :
Current Fitness Activities: <input type="checkbox"/> Boot Camp Class <input type="checkbox"/> CrossFit <input type="checkbox"/> Elliptical <input type="checkbox"/> HIIT <input type="checkbox"/> Jogging <input type="checkbox"/> Kettle Bells <input type="checkbox"/> Rowing Machine <input type="checkbox"/> Stairs <input type="checkbox"/> Stair Climber <input type="checkbox"/> Stationary Bike <input type="checkbox"/> Swimming <input type="checkbox"/> Walking <input type="checkbox"/> Weight Training <input type="checkbox"/> Yoga	Recreational Activities: <input type="checkbox"/> Basketball <input type="checkbox"/> Mountain Bike <input type="checkbox"/> Road Bike <input type="checkbox"/> Canoe <input type="checkbox"/> Alpine Climbing <input type="checkbox"/> Rock Climbing <input type="checkbox"/> Fishing <input type="checkbox"/> Golf <input type="checkbox"/> Hiking <input type="checkbox"/> Hunting <input type="checkbox"/> Kayak <input type="checkbox"/> Kiteboard <input type="checkbox"/> Racquetball <input type="checkbox"/> Rowing <input type="checkbox"/> Cross-Country Ski <input type="checkbox"/> Downhill Ski <input type="checkbox"/> Snowshoe <input type="checkbox"/> Snowboard <input type="checkbox"/> Soccer <input type="checkbox"/> Softball <input type="checkbox"/> Stand-Up Paddleboard <input type="checkbox"/> Surf <input type="checkbox"/> Tennis <input type="checkbox"/> Volleyball <input type="checkbox"/> Water Ski <input type="checkbox"/> Wind Surf
Other:	Other:

Consent to Participate

I consent to participate in the Seattle Firefighter injury prevention screening activities, as deemed appropriate by the Sound Physical PT physical therapist conducting the program. The above information will be used to help reduce the risk of injury while participating in the assessment.

Sound Physical Therapy may need to discuss your health history with the on-site Vera healthcare provider. I understand that I have the right to request restriction on uses and disclosures of protected health information gathered as part of the injury prevention program. If such information is withheld by me, I understand that it may limit the physical therapist understanding of all potential risks.

I understand that information about the injury prevention program will be shared with the on-site Vera healthcare provider. This information can be sent to any of my other healthcare providers should my physical therapist and I deem it necessary and useful.

I have reviewed and been offered a copy of the HIPPA guidelines for Sound Physical Therapy.

Name: Checking this box indicates I am signing this form.