**Client Application Form**

In an effort to provide the safest and most effective programs, we require all clients to complete this application. Information contained on this application will remain confidential.

Please complete the application and send it via fax or email to:

* Fax: (407) 571-9974
* Email: liza@nextsteporlando.org

After your application is reviewed, our office will contact you by e-mail or phone. The completion of this application does not guarantee your participation in our program.

**CONTACT INFORMATION**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Client’s billing invoices are sent via email, please put your billing email address above.**

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_

What is your injury? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Asia Level/Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_Complete or \_\_\_\_\_ Incomplete

How were you injured?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At what hospital were you treated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treating physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Last Medical Examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency, please notify:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your physical abilities (Be as specific as possible, particularly with respect to your legs):

Upper extremity:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Trunk (i.e.: Can you sit up?)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Lower Extremity:

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Please list any physical problems or special considerations (ie: osteoporosis/osteopenia, knee instability, joint/muscle disorder, obesity, hypersensitivity, rods in back, and other health issues):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Previous rehabilitation (if any):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Last Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you had a recent bone density assessment? YES NO

Please attach a copy of the report with the doctor’s interpretation.

Results: Normal \_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the type, dosage, frequency and function of all medications you are taking:

Medication Type Dosage mg/day Type (Function)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please answer **YES** or **NO** to the following (past or present conditions apply):

History of chest pain: \_\_\_\_\_\_\_\_

History of Heart Disease or any heart/valve disorder: \_\_\_\_\_\_\_\_

History of chronic illness or condition: \_\_\_\_\_\_\_\_

High Blood Pressure: \_\_\_\_\_\_\_\_ Low Blood Pressure: \_\_\_\_\_\_\_\_

Difficulty with physical exercise: \_\_\_\_\_\_\_\_

Osteoporosis: \_\_\_\_\_\_\_\_ Osteopenia: \_\_\_\_\_\_\_\_

History of Pathological fracture: \_\_\_\_\_\_\_\_

Advice from your doctor not to exercise: \_\_\_\_\_\_\_\_

If NO, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recent surgery (last 12 months): \_\_\_\_\_\_\_\_ (Other than SCI)

If YES, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pregnancy (now or within the last 3 months): \_\_\_\_\_\_\_\_

Breathing/Lung Problems: \_\_\_\_\_\_\_\_ Asthma: \_\_\_\_\_\_\_\_

Any other disease of the lungs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Muscle, joint or back disorder, or any previous injury still affecting you: \_\_\_\_\_\_\_\_

If YES, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diabetes: \_\_\_\_\_\_\_\_ Thyroid condition: \_\_\_\_\_\_\_\_

Cigarette Smoking: \_\_\_\_\_\_\_\_ If yes, how many packs per day: \_\_\_\_\_\_\_\_

High Cholesterol: \_\_\_\_\_\_\_\_ Obesity: \_\_\_\_\_\_\_\_

History of heart problems in the immediate family: \_\_\_\_\_\_\_\_

Hernia or any condition that may be aggravated by intense exercise: \_\_\_\_\_\_\_\_

Are you aware of any disease or disorder that would complicate your participation in an exercise program, other than the medical conditions you have checked above? \_\_\_\_\_\_\_\_

If YES please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your physician approved your participation in an intense exercise program? \_\_\_\_\_\_\_\_

 This is REQUIRED prior to your first session at NextStep Orlando.

Are you accustomed to vigorous exercise? \_\_\_\_\_\_\_\_

Is there any reason not mentioned here why you should not follow a regular exercise program? \_\_\_\_\_\_\_\_

If YES please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please make any other comments you feel may be pertinent to your exercise program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Application Agreement**

I have completed this Application to the best of my knowledge in order to make known any diagnosed medical problems or characteristics that may increase the risk of health problems, signs or symptoms indicative of health problems and lifestyle behaviors related to positive or negative health, which will enable NextStep Orlando todetermine if medical clearance is needed before beginning an exercise program. I understand that if necessary, NextStep Orlando reserves the right to request medical clearance which may involve a bone scan and physician’s evaluation and approval before beginning any exercise program, and has the right to deny my participation in the program if requests are not fulfilled.

I also understand that participating in the program at NextStep Orlando while under the influence of any uncontrolled substance (e.g. marijuana) is strictly prohibited.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name If under 18, Name of Parent or Guardian

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Relationship to Client

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date

Possible Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of Stay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about NextStep Orlando?

□ Referred by Doctor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Referred by Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Online Search

□ Chat Room (ie: CureCare) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Referred by NextStep Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information in this application is confidential and protected under the Privacy Act. The information is to be used solely by the staff of NextStep Orlando in determining program eligibility. If you have received this information in error, please destroy the documents or mail the originals to NextStep Orlando, 277 Douglas Avenue, Suite 1006, Altamonte Springs, FL 32714.

**Service Agreement**

THIS SERVICE AGREEMENT (this "Agreement") entered into this \_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_, 200\_\_\_, between NextStep Orlando (“NextStep” or "We"), and , (hereinafter referred to as "You" or "Client").

**AGREEMENT**

1. **VISIT**

At NextStep Orlando every effort is made to accommodate all schedule changes for our clients. The capacity of our schedule dictates our waiting list, therefore last minute cancellations and constant requests to reschedule makes it difficult for us to accommodate all of our clients. The policy below helps us better serve everyone. Thank you for adhering to this policy.

1.1 Reservation Confirmation. To guarantee a visitation date, NextStep Orlando requires an initial deposit of $200 due at the time of the reservation confirmation. The balance of the total amount due for any visit must be submitted no later than two (2) weeks prior to the arrival date. Full payment must be received prior to the arrival date in order to hold that date on the schedule and to guarantee your membership program. If payment is not received, NextStep Orlando will remove the client from the schedule and provide notification via email.

All cancellations must be received with at least two (2) weeks notice or the client will be charged a non-refundable fee of $100 taken from the original deposit. NextStep Orlando will allow a period of six (6) months for rescheduling. If cancellation occurs more than two (2) times in that six (6) month period, the entire deposit will be forfeited. If you have not rescheduled within the six (6) month time period, the entire deposit will be forfeited. If cancellation occurs less than two (2) weeks from the scheduled date, the entire deposit will be forfeited.

1.2 Initial Consultation. During your initial consultation, we will go over your paperwork and any questions you may have. Once on the floor, we will do an evaluation of your abilities and the remainder of your appointment working out.

1. **COST OF THE PROGRAM**

2.1Client Evaluation: There is an initial evaluation fee of **$100** for a 60-minute evaluation session that is due and payable on the day of the evaluation. Any individual who would like to be considered for membership must complete the evaluation.

2.2 Membership Cost : PrePaid Membership Program

All program fees must be paid in advance prior to the first of every month for your chosen membership

**Guided Exercise Membership (120 min sessions)**

GE 1 (1x per week) = $200/$800\* monthly

GE 2 (2x per week) = $400/$1600\* monthly

GE 3 (3x per week) = $510/$2040\*\* monthly

**\* 1 and 2 sessions per week at a rate of $100 per hour**

**\*\* 3 sessions per week qualify for a rate of $85 per hour**

**Treadmill Training Membership (60 min sessions, $110/hour)**

LT 1 (1x per week) = $440/Month

LT 2 (2x per week) = $880/Month

LT 3 (3x per week) = $1320/Month

**NMES Membership (60 minute sessions, $110/hour)**

NMES 1 (1x per week) = $440/Month

NMES 2 (2x per week) = $880/Month

NMES 3 (3x per week) = $1320/Month

**Combined Memberships\***

Guided Exercise + Treadmill Training

Guided Exercise + NMES

**\* Combined membership prices will be determined by the cost to “upgrade” the GE price to the LT or NMES price respectively.**

**Stretching Membership**

60 minute stretch sessions = $160/Month

**Simple Gym Membership**

Do-it-Yourself Membership = $50/Month

**A La Carte (individual sessions)**

• 60 minute Guided Exercise= $100

• 60 minute Treadmill Training= $110

• 60 minutes NMES= $110

2.3 Payment Schedule for All Clients of NextStep Orlando. All rates are calculated on a monthly basis. Payment by cash or check is due on the first of each month. If payments are not received by the 15th day of the month, client understands he/she will be removed from the schedule. Client understands same schedule is not guaranteed once account is paid in full. A $25 fee will be applied for returned checks. Except as otherwise provided herein, there are no refunds.

1. **WAIVER OF LIABILITY**

3.1 Waiver/Indemnification. Client acknowledges that any activities client participates in can be an extreme test of client physical and mental limits and carry the potential for severe physical injury. Client hereby assumes the risks of participating in any and all of NextStep Orlando activities and functions. Client certifies that client is able to participate in the NextStep Orlando program and has not been advised otherwise by a qualified medical person. Client understands that the information and treatments obtained by participating in NextStep Orlando do not constitute medical treatment, diagnosis or advice. Client understands that client should seek the advice of a physician or other qualified health provider if client has questions about a medical condition. Client understands that a bone density scan is required to enter NextStep Orlando and client agrees and acknowledges that Client will have taken such bone density test and shared the results of such test with NextStep Orlando before beginning any treatments with NextStep Orlando. Client certifies that in consideration of becoming a client of the program, Client hereby takes the following action for itself, its executors, administrators, heirs, next of kin, successors and assigns:

Client waives, releases and discharges from any and all claims or liabilities for any loss, damage, theft or injury of any kind which arise out of or related to its participation in, or its traveling to and from the NextStep Orlando center; including, but not limited to, 1) any known and unknown, foreseen and unforeseen bodily and personal injury, 2) loss of life, and 3) any attorney’s fees, costs, expenses, or charges sustained, directly or indirectly, or alleged to have been sustained, or in any fashion arising from, in connection with, or resulting from its participation in NextStep Orlando, even if due to the negligence of NextStep Orlando or any employee, volunteer, director, officer, client, owner or agent thereof.

Client will indemnify and hold harmless NextStep Orlando any and all employees, volunteers, directors, officers, clients, owners and agents thereof from any claim, demand and/or cause of action of any nature whatsoever, related to Client’s participation in NextStep Orlando, even if due to the negligence of NextStep Orlando, including, but not limited to any and all losses, liabilities, damages, costs and expenses (including reasonable attorney fees) arising out of such actions.

Client will indemnify and hold harmless NextStep Orlando any and all employees, volunteers, directors, officers, clients, owners and agents thereof from any claim, demand and/ or cause of action of any nature whatsoever, related to Client’s participation with off duty NextStep Orlando employees, volunteers, directors, officers, clients, owners and agents (the individuals) in any and all personal activities not related to the individuals’ function as representatives of NextStep Orlando.

3.2 Termination of Services. NextStep Orlando reserves the right to terminate the service relationship with clients at any time, for any reason, with or without cause or notice and with no further liability to Client. No oral or written statement shall limit the right to terminate the service relationship.

3.3 Consent to Use of Materials. By signing this Agreement and joining NextStep Orlando, you give NextStep Orlando a perpetual, worldwide, royalty-free, sublicenseable, assignable license to use your name, voice, visual likeness, photographs and film of you (collectively, the "Materials") to use, adapt, modify, reproduce, distribute, publicly perform and display, in brochures, advertisements, commercials, on the NextStep Orlando website and in any form now known or later developed throughout the world. Client understands and agrees that NextStep Orlando shall be the exclusive owner of all title and interest, including copyright, in any and all works containing the Materials.

3.4 Authorization. Client understands that client is personally responsible to pay all charges for services rendered to it and agrees to make payment thereof when due. Any billing sent by NextStep Orlando to an insurance company, attorney, or other third party is for the accommodation of the Client and does not relieve the undersigned to pay charges for the services provided. Client authorizes any holder of medical information about it to release to its insurance carrier and its agents any information needed to determine these benefits. Client authorizes payment for these services to be paid directly to NextStep Orlando.

3.5 Medication Information Update. In order for us to best serve you, all clients are required to immediately notify NextStep Orlando of any changes in current medical condition. Such conditions include but are not limited to blot clots, pressure sores, recent fall, any skin issues, recent bone fractures and sprains as well as any change in prescribed medications. Depending on condition, written medical clearance may be required before reentering the program. Client will indemnify and hold harmless NextStep Orlando and all employees, volunteers, directors, officers, clients, and agents thereof from any claim, demand and/or cause of action of any nature whatsoever related to any injuries sustained as a result of undisclosed medical conditions or changes in prescribed medications.

Client hereby confirms that he/she is 18 years or older, he/she has read this document and understands its contents. If under 18, a parent or guardian must sign. Client acknowledges that he/she has read, understands, and agrees to the terms and conditions of this Agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NEXTSTEP ORLANDO

Client Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature By:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Its:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Parent/Guardian (Required if client is under 18)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Client

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date

**Release of Liability, Assumption of Risk and Indemnity Agreement for Clients with Diagnosed or Undiagnosed Osteopenia or Osteoporosis.**

**Participant’s Name (Last, First)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that osteoporosis is a disease in which bones become fragile and more likely to break. If not prevented or if left untreated, osteoporosis can progress painlessly until a bone breaks. These broken bones, also known as fractures, occur typically in the hip, spine and wrist.

Any bone can be affected, but of special concern are fractures of the hip and spine. A hip fracture almost always requires hospitalization and major surgery. It can impair a person's ability to walk unassisted and may cause prolonged or permanent disability or even death. Spinal or vertebral fractures also have serious consequences including, but not limited to, loss of height, severe back pain and deformity.

By reading and signing this document, I acknowledge that I have been diagnosed with osteoporosis or osteopenia (low bone density) and I understand I am at high risk for fractures. I also understand that the NextStep program requires strenuous physical activity and/or intense exercise in which there are potentially serious risks and dangers including, but not limited to, fractures, disability or even death as described above.

In light of the above information, I, the undersigned participant, am requesting voluntary participation in the NextStep program. I have obtained appropriate medical insurance that will provide for medical treatment in case of accident, illness or injury for the duration of the program. Furthermore, I will use my personal medical insurance as a primary medical coverage payment if accident or injury occurs.

**Release of Liability, Assumption of Risk, and Indemnity Agreement**

**RELEASE**: **In consideration for being permitted to participate in the program for spinal cord-injured clients at NextStep that I have enrolled in with a current diagnosis of osteoporosis or osteopenia, I do hereby release and hold harmless, forever discharge and covenant not to sue NextStep its owners, directors, officers, staff, employees and/or the agents of each of them, from and against any and all liabilities, claims and causes of action including, but not limited to, negligence, by reason of any personal injury, accident, illness, death or property loss or any other consequence resulting directly or indirectly from or in any manner arising out of, or in connection with, my being a participant in the NextStep program.**

**ASSUMPTION OF RISK: Participation in the NextStep program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as** **bone fractures, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including further paralysis and death.**

**INDEMNIFICATION: I also agree to indemnify NextStep, Inc. and its owners, staff, employees, and agents in connection with any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities including, but not limited to, attorney’s fees, brought as a result of my involvement in the NextStep****program and to reimburse them for any such expenses incurred.**

**I HAVE READ THE PREVIOUS PARAGRAPHS AND I KNOW, UNDERSTAND, AND APPRECIATE THESE AND OTHER RISKS THAT ARE INHERENT IN THE NEXTSTEP PROGRAM. I HEREBY ASSERT THAT MY PARTICIPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH**

**RISKS AND ENTER INTO THIS RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT VOLUNTARILY. I FURTHER UNDERSTAND AND AGREE THAT THIS AGREEMENT SHALL ALSO**

**BE BINDING ON MY HEIRS, ASSIGNS, SUCCESSORS, AND ALL OTHER PERSONS WHO MAY CLAIM THROUGH ME.**

**Severability:** The undersigned further expressly agrees that the foregoing release, assumption of risk and indemnity agreements are intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this release of liability, assumption of risk, and indemnity agreement, I fully understand its terms, and **I** **understand that I am giving up substantial rights, including my right to sue**. I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name If under 18, Name of Parent or Guardian

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Relationship to Client

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date

**Billing Policy**

Billing Information(If different from the Client Application Form):

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pay by Check:** Please make check payable to: NextStep Orlando, Inc.

 Print in memo section of check: Client’s name

 Send check to: NextStep Orlando, Inc.

 277 Douglas Avenue, Suite 1006

 Altamonte Springs, FL 32714

For payment or billing information, please contact Liza Riedel at

(407) 571-9974 or by email: liza@nextsteporlando.org

**Monthly Billing**

1. Fee Calculation - Our fees are calculated monthly based the membership program the client is enrolled in. Invoices are generated and emailed prior to the start of each month. Clients are responsible for checking email to ensure invoices have been received and payment is made on the 1st of each month. If no invoice has been received, please contact our Billing Department at 407-571-9974. Please be sure to provide the email addresses for every party that needs a record of the invoice.
2. Payment Method – We accept payments by cash, check, or credit card.
3. Due Date and Late Fees – NextStep honors a grace period until the third day of each month. If NextStep has not received full payment by the third day of each month, a $100 late fee will be applied to the invoice for the following month. If payment is not received by the fifth day, client will be removed from the schedule.
4. Returned Checks - There is a $25 fee for every returned check.

**Third Party Billing**

Please understand that clients are ultimately responsible for payment until third party coverage begins. We are unable to follow up with these organizations on your behalf. Additionally, clients will have to work directly with the organizations for any reimbursements to client accounts.

1. Insurance Coverage – Unfortunately at this time, most major health insurance carriers do not cover our program. If you have applied for coverage from an insurance company and have obtained approval, please forward the approval letter to our Billing Department as soon as possible. Since NextStep is not a medical facility, please understand that we do not direct bill insurance companies. Clients will need to submit invoices directly to any third party either for reimbursement or to request payment to NextStep. Payments must be received by the due date, or the late fee will be applied.

1. Help Hope Live (HHL) – Clients who have an account with HHL are responsible for mailing check requests accompanied by the monthly invoice. Please contact HHL for their policies and procedures: (800) 642-8399.

3. Other Foundations, Funds, Trusts – If payment will be made by another foundation, fund or trust, clients will need to submit invoices to the applicable party allowing enough time so that NextStep Orlando will receive payments by the due date.

**Skin Check Policy**

**Attention Clients:**

For obvious reasons, proactive, preventative skin checks should be a daily priority. It is your responsibility to check your skin every day, especially after a workout. It is also your responsibility to inform your Lead Specialist immediately if you have a blister or skin breakdown that could potentially become a problem. This will allow your training team to design and implement a modified workout plan until your skin heals.

If your team is unaware of your skin problem, your workouts will continue as scheduled and your minor skin issue may eventually become a full blown pressure sore. If this occurs, it will definitely keep you out of this program and slow your recovery. Some of our clients have had to undergo surgery and have taken up to a year to heal.

It is extremely important to us that you know your responsibility as a client. We are here to help you but we must work as a team if we are to be successful. If you have any questions or concerns, please let us know.

I have read the above and understand that it is my responsibility to notify my Lead Specialist immediately if I notice any skin breakdowns.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date