Client Information and Health History

Client Name: _____ Date: _____

Birth date:____/___/_____ Age:_____

Phone Number:(___)_____-_____E-Mail Address:_____

Home Address:_____

City: State: Zip:

Previous injuries or surgeries: (Please list dates) _____

Other health conditions: (heart, lungs, brain, etc.) _____

List ALL medications you are currently taking: _____

_____

Emergency Contact: _____Phone: _____

Legal Guardian Name:_____

Activities you are currently participating in, list hours/week of completion:

_____

Functional Diving Screen
for Mile High Dive Club
Performed by DoVico Physical Therapy

Screening Waiver

_____
Name of Participant

I understand that this functional diving screening is intended to screen for current and potential injuries due to the nature of diving as a sport. I understand that this screen is not diagnosing injuries or illnesses. If there is a concern regarding the participant's outcome, that will be discussed with the participant and their legal guardian after the screen.

This screen will be conducted by licensed physical therapists but is not a physical therapy evaluation. The risks associated with this test are minimal but potential injury can occur due to participants moving through diving motions and positions. I understand that I must be truthful in my health history and subjective comments for the most accurate outcome from the screening.

I authorize the outcomes of this screen to be shared with the Mile High Dive Club coaches._____ (initial)

_____
Signature of Participant

_____
Date

_____
Signature of Legal Guardian (If under 18 years old)

_____
Date

Below Information To Be Filled Out By DoVico Physical Therapy:

Screening Date and Time:
Initials: