



# MEMBER/PATIENT INFORMATION FORM

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SEX \_\_\_\_\_  
LAST FIRST MIDDLE

DRIVERS LIC # \_\_\_\_\_ HOME PHONE NUMER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WORK PHONE NUMBER \_\_\_\_\_ MARITAL STATUS M S D W O

**SPOUSE OR GUARDIAN INFORMATION**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SEX \_\_\_\_\_  
LAST FIRST MIDDLE

SSN \_\_\_\_\_ DRIVERS LIC # \_\_\_\_\_ HOME PHONE NUMER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WORK PHONE NUMBER \_\_\_\_\_ MARITAL STATUS M S D W O

**PRIMARY INSURANCE INFORMATION**

NAME OF INSURANCE CO. \_\_\_\_\_ GROUP / POLICY # \_\_\_\_\_

NAME OF SUBSCRIBER \_\_\_\_\_ RELATION TO PATIENT \_\_\_\_\_

SUBSCRIBER BIRTHDATE \_\_\_\_\_ SUBSCRIBER SS # \_\_\_\_\_

SUBSCRIBER EMPLOYER \_\_\_\_\_ PHONE # \_\_\_\_\_

**SECONDARY INSURANCE INFORMATION**

NAME OF INSURANCE CO. \_\_\_\_\_ GROUP / POLICY # \_\_\_\_\_

NAME OF SUBSCRIBER \_\_\_\_\_ RELATION TO PATIENT \_\_\_\_\_

SUBSCRIBER BIRTHDATE \_\_\_\_\_ SUBSCRIBER SS # \_\_\_\_\_

SUBSCRIBER EMPLOYER \_\_\_\_\_ PHONE # \_\_\_\_\_

**PERSON TO CONTACT IN CASE OF EMERGENCY (other than spouse)**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**OTHER CONTACT** NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION:** I authorize any holder of medical information about me to release said medical information requested by insurance companies with whom I have coverage or any public agency and it's agents to determine benefits for service provided or benefits for related service.

DATE \_\_\_\_\_ Signature of Patient \_\_\_\_\_

**ASSIGNMENT OF BENEFITS:** I hereby authorize payment of benefits to be made directly to Nifty after Fifty for services provided to me by Nifty after Fifty. I understand that I am financially responsible to Nifty after Fifty for charges not covered by this agreement. I authorize refund or overpaid insurance benefits where my coverage is subject to coordination of benefits. In the event of default, I agree to pay all costs of collection, including reasonable attorney's fees. The membership fee is not refundable or transferable.

DATE \_\_\_\_\_ Signature of Patient \_\_\_\_\_

**Authorization to Treat:** I consent to examination, treatment, and procedures which may be performed during office visits including emergency treatment considered necessary by the Physical Therapist.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signature of Patient

**NIFTY AFTER FIFTY  
RELEASE AND WAIVER OF LIABILITY  
AND INDEMNITY AGREEMENT**



IN CONSIDERATION of being permitted to utilize the facilities, services and programs of Nifty after Fifty for any purpose, including, but not limited to, observation or use of facilities or equipment, or participation in any off-site program affiliated with Nifty after Fifty, the undersigned, for himself or herself and any personal representatives, heirs and next of kin, hereby acknowledges, agrees and represents that he or she has inspected, or immediately upon entering or participating will inspect and carefully consider such premises and facilities of the affiliated program. It is further warranted that such entry into Nifty after Fifty, observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER NIFTY AFTER FIFTY FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Nifty after Fifty, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned and all his or her personal representatives, assignees, heirs and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned due to any cause other than the willful misconduct or gross negligence of releasees while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the Nifty after Fifty.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about or participating in any program affiliated with Nifty after Fifty due to any cause other than the willful misconduct or gross negligence of releasees.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to any cause other than the willful misconduct or gross negligence of releasees while in, upon or about the premises of Nifty after Fifty and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with Nifty after Fifty.
4. THE UNDERSIGNED HEREBY ACKNOWLEDGES THAT AS PART OF ITS PROGRAM and in an effort to maximize the effectiveness of its programs on overall wellness, Nifty after Fifty will periodically inform your physician of your progress.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

**Date:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_