



www.pushtowalknj.org

6 North Corporate Drive, Riverdale, NJ 07457; Phone 862-200-5848; Fax 862-200-5976; ctempleton@pushtowalknj.org

## QUALIFICATION QUESTIONNAIRE

### APPLICANT INFORMATION

Name:		
Height:	Weight:	
Date of birth:	Age:	Home Phone:
Current address:		
City:	State:	ZIP Code:
Cell Phone:	E-Mail:	

### PREFERRED METHOD OF CONTACT

### INJURY INFORMATION

Level of Injury:
Date of Injury:
Details of Injury:
State Goals and Objectives in Attending Push to Walk:

### HOW DID YOU HEAR ABOUT PUSH TO WALK?

### PRIOR SCI TREATMENTS

Dates	Facility	Type of Treatment

### SIGNATURES

I certify that all information provided above is truthful and accurate. I certify that I am physically capable of participating in an intensive exercise program and that I have no other medical complications. I certify that I have the ability to breathe on my own and do not use a ventilator. A doctor's letter and a bone density scan will be required prior to an initial evaluation and start of a regular program. I also certify that I personally have the funds to pay for Push to Walk's services which will be billed monthly and paid in advance of treatment. Current fee is \$85/hour.

Signature of applicant:	Date:
Signature of guardian (if under 18 years old):	Date: