11 Philips Parkway, Montvale, NJ 07645
Phone: 201-644-7567
Fax: 201-644-7568

Client Application

Client Name: _____ Diagnosis: _____

Prefer to be called: _____

Date: _____ Gender: Male / Female / Other (please circle)

Birthdate: _____

Email: _____ Cell Phone: _____

Home address:

_____

_____

Emergency contact:

Name: _____ Relationship: _____

Cell Phone: _____

How did you hear about Push to Walk:

_____

What are your goals in coming to Push to Walk?

_____

Do you prefer to work with a male or female trainer? (please circle one)

Either is fine Male Female

PUSH to WALK®
Empowering Mobility

Medical Information

Date of Injury or Diagnosis (if applicable): _____

Cause of Injury (if applicable): _____

Treating physician: _____

Physician phone #: _____

Did you have a hospital stay, and if so, where? _____

Dates: _____

_____

Did you have inpatient rehab, and if so, where? _____

Dates: _____

_____

Have you been to outpatient PT or OT, and if so, where? _____

Dates: _____

_____

Are you currently receiving any type of therapy? (please circle) Yes / No

If so, what type and frequency? _____

_____

Have you had any surgeries: ***Please provide procedure and dates:***

_____

Do you use a wheelchair? Yes/No **Type**: Manual / Electric

Do you require a device to walk, and if so, what kind?

_____

_____

_____

Please list all your medications: (use a separate page if necessary)

Name: _____ Dose: _____ Function: _____

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Name: _____ Dose: _____ Function: _____

Name: _____ Dose: _____ Function: _____

Name: _____ Dose: _____ Function: _____

Please circle any of the following that pertain to you:

Aphasia

Nonverbal

Difficulty communicating

Wear an orthosis

Pain 0-10:

Locations: _____

History of depression

Seizures

Numbness/Tingling

Locations: _____

Dizziness

Osteoporosis

Heart problem

Blood pressure issues

Chronic illness/condition

Tendon/joint problems

Cigarette smoker

Hernia

Freezing gait

Tremors

Balance difficulty

Increased tone/spasms

Locations: _____

Shuffled gait

Pressure sore/skin breakdown

Vision Impairment

Autonomic dysreflexia

Temperature sensitivity

Deep Vein Thrombosis

History of chest pain

Diabetes

Fatigue

Have a tracheostomy

Breathing/Lung issue

Heterotopic ossification

Please comment if you feel more information is needed about circled conditions:

_____
_____
_____
_____
_____

Are you accustomed to physical exertion? Yes / No

Can you move your upper extremities: Yes / No

Can you move your lower extremities: Yes / No

Can you sit up: Yes / No

Can you walk: Yes / No

Any comments from the above questions:

_____

Do you have any conditions that may be aggravated by intense exercise?

_____

Are you currently involved in any recreational physical activities? Yes / No
(Please List):

_____
_____
_____
_____
_____

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

_____

_____

_____

I have completed this application to the best of my knowledge. I understand that, if necessary, Push to Walk reserves the right to request medical clearance before beginning any exercise program, and has the right to deny my participation in the program if requests are not fulfilled. Please print your name clearly: _____

Signature: _____ Date: _____

If under 18, name of parent or guardian: _____ Relationship: _____

Parent or guardian's signature: _____ Date: _____

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Empowering Mobility

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

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

HOW DID YOU HEAR ABOUT PUSH TO WALK?

PRIOR EXERCISE/MOBILITY 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 $115/hour.

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

Physician's Clearance Form

Please return this form to:
Push to Walk, 11 Philips Parkway, Montvale, NJ 07645
Phone: 201-644-7567; Fax: 201-644-7568

Date _____
Patient's Name _____ Age _____
Patient's Address _____
Date of last physical examination _____

_____ This patient may participate fully in an intensive physical exercise program consisting of cardiovascular, strength, flexibility and load bearing training of both the upper and lower extremities without limitation.
_____ This patient may participate in an intensive physical exercise program with the following limitations and/or recommendations: _____
_____
Please include a brief description of any medical condition(s) that may affect her/his participation in an intensive exercise program: _____
_____
Please indicate if the patient has Osteopenia or Osteoporosis and any limitations associated with their diagnosis: _____
_____
If this patient is on any medication that may affect the heart rate or the blood pressure to response to exercise (elevating or suppressing), please indicate:
I consider the above individual to be: _____ normal
_____ cardiac patient
_____ coronary heart disease
_____ other (explain)

Please fill in the following information:
Blood Pressure _____
Glucose _____
Total serum cholesterol _____
HDL-C _____ LDL-C _____
Triglycerides _____

Physician's Name _____ Date _____
Physician's Signature _____

*Note – this record must be stamped with a physician's official stamp or be accompanied by a typed letter on physician's letterhead, documenting that a medical evaluation has been performed on named client. THE PHYSICIAN'S CLEARANCE FORM WILL NOT BE ACCEPTED WITHOUT SUCH PROPER VERIFICATION.

WAIVER AND RELEASE FROM LIABILITY

I, _____, ("Client") HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge Push to Walk ("the Company") and its agents, employees, directors, affiliates, successors and assigns, of and from any all claims, demands, contracts, expenses, causes of action, lawsuits, damages, and liabilities of every kind of nature, whether known or unknown, in law or equity, that Client has had or may have, arising from or in any way related to Client's participation in any of the events of activities conducted by or on the premises of or for the benefit of the Company.

I represent that I am in satisfactory physical condition to participate in the Company's program and activities. I authorize any person connected with Push to Walk to administer first aid to me, as they deem necessary. I authorize medical and surgical care and transportation to a medical facility or hospital for treatment necessary for my well being, at my expense.

Client acknowledges that any activities Client participates in can be an extreme test of Client's physical and mental limits and carry the potential for severe physical injury. Client hereby assumes the risks of participating in any and all of the Company's activities and functions. Client certifies that Client is able to participate in the Company's programs and has not been advised otherwise by a qualified medical professional. Client understands that the information and treatments obtained by participating in the Company's events and activities 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 medical condition(s). Client understands that a bone density scan is required prior to participating in Company's programs, and that the bone density scan results will be shared with the Company.

Client certifies that in consideration of becoming a client of the Company's 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 liability for any loss, damage, theft or injury of any kind which arise out of or are related to Client's participation in, or its traveling to and from the Company's facilities; including but not limited to: 1) any known and unknown, foreseen and unforeseen body 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 the Company's programs or activities, even if due to the negligence of the Company or any employee, volunteer, director, officer, client, owner or agent thereof.

Client will indemnify and hold harmless the Company and 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 the Client's participation in the Company's programs and activities, even if due to the negligence of the Company, including but not limited to any and

all losses, liabilities, damages, costs and expenses (including reasonable attorney fees) arising out of such actions.

Client agrees that Client, Client's family members, and any guests and invitees shall be bound by this agreement and the Company's policies, rules and guidelines. Client agrees that the Company's policies, rules and guidelines may be revised, supplemented, or amended in the sole and absolute discretion of the Company, and that any changes shall become immediately effective upon posting in the Company's facilities.

Client further expressly agrees that the foregoing waiver and release from liability agreement is intended to be as broad and inclusive as permitted by the law of the State of New Jersey. Client has read this waiver and release from liability and indemnity clause, and agrees that no oral representations, statements or inducements apart from this agreement have been made. The Company makes no warranties or representation, express or implied, other than those set forth herein. IN NO EVENT SHALL THE COMPANY BE LIABLE FOR ANY SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES.

This agreement shall be construed in accordance with the laws of the State of New Jersey, without regard to the conflicts of law provisions thereof. Any controversy, claim or dispute arising out of or relating to this agreement shall be settled by a retired Judge of the Superior Court of the State of New Jersey chosen by the Company. The parties agree to abide by all decisions and awards rendered in such proceedings. Such decisions and awards rendered by the Arbitrator shall be final and conclusive and may be entered in any court having jurisdiction thereof as a basis for judgment and of the issuance of execution for its collections. All such controversies, claims or disputes shall be settled in this manner in lieu of any action at law of equity, provided however, that nothing in this subsection shall be construed as precluding bringing an action for injunctive relief or other equitable relief. The arbitrator shall not have the right to award punitive damage or speculative damages to either party and shall not have the power to amend this agreement. IF FOR ANY REASON THIS ABRITRATION CLAUSE BECOMES NOT APPLICABLE, THEN EACH PARTY, TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, HEREBY IRREVOCABLY WAIVES ALL RIGHT TO TRIAL BY JURY AS TO ANY ISSUE RELATING HERETO IN ANY ACTION, PROCEEDING OR COUNTERCLAIM ARISING OUT OF OR RELATING TO THIS AGREEMENT OR ANY OTHER MATTER INVOLVING THE PARTEIS HERETO.
I HAVE READ THE PREVIOUS PARAGRAPHS AND I KNOW, UNDERSTAND AND APPRECIATE THESE AND OTHER RISKS THAT ARE INHERENT IN THE PUSH TO WALK PROGRAM. I HEREBY ASSERT THAT MY PARTICPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH RISKS AND ENTER INTO THIS WAIVER AND RELEASE FROM LIABILITY 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.

All notices to the Company shall be mailed (certified or registered, return receipt requested) to Push to Walk, 11 Philips Parkway, Montvale NJ 07645 If any part of this agreement is held by a court of competent jurisdiction to be void and unenforceable, the remainder of the terms and provisions of this agreement shall remain in full force and effect and shall not be affected.

Client Name _____

Client Signature _____

Date _____

www.pushtowalknj.org
11 Philips Parkway, Montvale NJ 07645
Phone: 201-644-7567; Fax: 201-644-7568
E-mail: kwolfe@pushtowalknj.org

Empowering Mobility

PAYMENT POLICIES

Updated August 2024

Hourly fee:
One-on-One Workouts-$115.00
FES RT600 Sessions-$130.00
FES RT200 & RT300 Add-on Sessions-no charge; Stand-alone session-$50.00
Add-on Sessions are only offered with workouts*; *FES pads are an additional charge

The initial hour and a half evaluation is offered at no charge

All clients will be billed at the end of the month. **Payments must be made by cash or check 10 days after receipt of the invoice. Push to Walk has the right and will cancel workouts if payment is not received on time.**

Every client will be required to provide a valid credit card and keep it updated to pay any invoice that is past 10 days due. **Credit cards will ONLY be billed in these cases, and will not be taken for regular, on-time payments.**

Any session cancelled with less than 24 hours' notice (including weekends for Monday appointments) WILL BE BILLED in full, with the exception of medical emergencies. Cancellations MUST be made by email or call to the office phone number 201-644-7567. If no one answers you must leave a message. Phone calls, emails and text messages to trainers are not acceptable and not valid for cancellation purposes, unless a true emergency exists.

Exception – if Push to Walk is closed due to bad weather, or if the roads are unsafe for travel, clients will not be billed for sessions missed.

Invoices are prepared on the last day of the month. Payment is due by the 10th of the month following the sessions. If payment plus late fee is not received by the 15th, client will be removed from the schedule until full amount of invoice is received.

If payment is not received within 10 days, the credit card provided WILL be charged.

Client Name _____ Client Signature _____ Date _____

www.pushtowalknj.org 11 Philips Parkway, Montvale, NJ 07645
Phone: 201-644-7567; Fax: 201-644-7568; E-mail: kwolfe@pushtowalknj.org

Empowering Mobility

Credit Card Agreement & Information for Clients

This agreement is between Push to Walk and _____.
(Name of client – please print)

The following credit card information WILL BE KEPT ON FILE and will ONLY be used if payment is not made within 10 days of billing.

Name on Card:_____

Billing Street Address: _____

City: _____ State:_____ Zip:_____

Type of Card:_____ Credit Card #:_____

Expiration Date:_____ Security Code:_____

Client Signature _____ Date: _____

Credit Card Holder Signature _____ Date: _____

For those clients covered by Worker's Comp Coverage

Push to Walk will prepare and send monthly invoices to the designated insurance company handling the above client's Worker's Comp case and will accept payment from the insurance company.

However, the responsibility of payment for services ultimately lies with the client. If, for whatever reason, the insurance company does not pay, the client accepts complete responsibility for making payment in full within 10 days of notification that a balance is due.

Further, according to Push to Walk's Payment Policies, Payment is due by the 10th of the month following the sessions. If payment is not received by the 15th, client will be removed from the schedule until full amount of invoice is received.

By signing this Agreement, client acknowledges understanding of this policy and agrees to its terms.

Signature_____ Date _____