



Buffalo Back & Neck Physical Therapy, P.C.

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INJURY / PAIN SCREEN RELEASE FORM

To All Whom These Presents Shall Come, Or May Concern:

Whereas, Buffalo Back & Neck Physical Therapy, P.C. (“the company”) is engaged in the business of providing physical therapy services; and

Whereas, the Company provides free injury and pain screening services, exercise and conditioning equipment in connection with physical therapy services; and

Whereas, the undersigned is **NOT** presently participating as a patient of the Company actively receiving physical therapy services as indicated by their signature in the clinic sign in book; and

Whereas, the undersigned has arranged for a free screen of an orthopedic or balance related injury at no cost or obligation.

Now, Therefore, _____
(Print patient name)

I willingly consent to the screening of my injury and recognize that I may be required to participate actively in the assessment process. I recognize that my screen may require me to move my body with and without the assistance of my therapist, exert myself to determine strength, or otherwise participate in the manual testing and evaluation of various body structures that are usual and customary to a physical therapy examination in accordance with physical therapy practice regulations outlined by New York State. I recognize that the services I will receive as part of my screen will include a general assessment of my injured and uninjured structures and will not include precise objective quantification of my impairments and aptitudes customary of a formal physical therapy initial evaluation. In consideration of the free screening services provided by the Company, has remised, released, and forever discharged, and by these presents do for myself and my heirs, executors, and administrators, remise, release, and forever discharge the said Company and it’s successors, shareholders, directors, officers, agents, and employees, of and from all, and all manner of action and actions, cause and causes of actions, suits, debts, dues, sums of money, accounts, reckoning bonds, bills, specialties, covenants, contracts, controversies, agreements, promises, variances, trespasses, damages, judgments, extents, executions, claims for personal injuries, property damage and demands whatsoever, in law or inequity, known or unknown, which against the said Company I ever had, now have or which my heirs, executors, or administrators hereafter can, shall or may have for, upon or by reason of any matter, including, without limitation, all claims and actions that related directly or indirectly to the use of the equipment by me or physical examination performed by the physical therapist administering my screening services.

Patient Signature

Date