

Client Application Form

In an effort to provide the most safe and effective programs, we require all clients to complete this application. Information contained on this application will remain confidential.

Please complete the application and send it via fax or email to:

- Fax: (781) 828-4777 Email: applications@journey-forward.org

After your application is reviewed, our office will contact you by email or phone. The completion of this application does not guarantee your participation in our program.

Contact Information

Client Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Cell Phone: _____ Email (Required): _____

*** NOTE: Because we send our client's billing invoices via email, please put your billing email address above.**

Date of Birth: _____ Age: _____ Height: _____ Weight: _____ Sex: _____

Level of Spinal Cord Injury: _____ Complete or Incomplete Diagnosis: _____

Date of injury: _____ Asia Level/Score: _____

How were you injured? _____

At what hospital were you treated? _____ City/State: _____

Treating physician: _____ Date of Last Medical Examination: _____

In case of emergency, please notify:

Name: _____ Relationship: _____

Phone (home): _____ Phone (work): _____

Describe your physical abilities (Be as specific as possible, particularly with respect to your legs):

Upper Extremity: _____

Trunk (IE: Can you sit up?) _____

Lower Extremity: _____

Please list any physical problems or special considerations (IE: osteoporosis/osteopenia, knee instability, joint/muscle disorder, obesity, hypersensitivity, rods in back, other health issues):

Previous rehabilitation (if any): _____ Date Last Attended: _____

Results: _____

Have you had a recent bone density assessment? YES NO

If so, please attach a copy of the report with the doctor's interpretation.

Results: Normal _____ Other: _____

NOTE: All clients over 6 months post injury must obtain a bone density assessment and are required to submit a copy of the bone density report with the doctor's interpretation before their first session at Journey Forward. We do not interpret bone density reports.

Please list the type, dosage, frequency and function of all medications you are taking:

<u>Medication Type</u>	<u>Dosage mg/day</u>	<u>Type (Function)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please answer Yes or No to the following. Indicate "Yes" for those that apply to you at present or have applied to you in the past:

History of chest pain: _____

History of heart disease or any other heart/valve disorder: _____

Any chronic illness or condition: _____

High Blood Pressure: _____ Low Blood Pressure: _____ Difficulty with physical exercise: _____

Osteoporosis: _____ Osteopenia: _____ History of Pathological fracture: _____

Advice from your doctor not to exercise: _____

Recent surgery (last 12 months): _____ (Other than SCI)

Pregnancy (now or within the last 3 months): _____

Breathing/Lung Problems: _____ Asthma: _____ Any other disease of the lungs: _____

Muscle, joint or back disorder, or any previous injury still affecting you: _____

Diabetes: _____ Thyroid condition: _____

Cigarette smoking: _____ If yes, how many packs per day? _____

High Cholesterol: _____ Obesity: _____

History of heart problems in the immediate family: _____

Hernia, or any condition that may be aggravated by intense exercise: _____

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Are you aware of any disease or disorder that would complicate your participation in an exercise program, other than the medical conditions you have checked above? _____

If yes, please explain: _____

Has your physician approved your participation in an intense exercise program? YES NO

NOTE: This is required prior to your first session at Journey Forward.

Are you accustomed to vigorous exercise? _____

Is there any reason not mentioned here why you should not follow a regular exercise program? If yes, please explain: _____

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

I have completed this Application to the best of my knowledge in order to make known any diagnosed medical problems or characteristics that may increase the risk of health problems, signs or symptoms indicative of health problems and lifestyle behaviors related to positive or negative health, which will enable Journey Forward to determine if medical clearance is needed before beginning an exercise program. I understand that if necessary, Journey Forward reserves the right to request medical clearance which may involve a bone scan and physician's evaluation and approval before beginning any exercise program, and has the right to deny my participation in the program if requests are not fulfilled.

I also understand that participating in the program at Journey Forward while under the influence of any uncontrolled substance (e.g. marijuana) is strictly prohibited and will result in immediate termination of my participation in the program if detected.

Please print your name clearly: _____

Signature: _____ **Date:** _____

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

Parent or guardian's signature: _____ **Date:** _____

Desired Program Type: Trial Visit Home Program Train your Trainer

Possible Start Date: _____

How did you hear about Journey Forward?

- Referred by Doctor, Who? _____ Referred by Client, Who? _____
 Online Search _____ Chat Room (IE: CureCare)
 Referred by Journey Forward Staff, Who? _____ Other _____

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Service Agreement

THIS SERVICE AGREEMENT (this "Agreement"), entered into this _____ day of _____, 200____, between Journey Forward Spinal Cord Injury Recovery Center ("Journey Forward" or "We"), and _____, (hereinafter referred to as "You" or "Client").

AGREEMENT

1. One Week Visit

At Journey Forward every effort is made to accommodate all schedule changes for our clients. The capacity of our schedule dictates our waiting list, therefore last minute cancellations and constant requests to reschedule makes it difficult for us to accommodate all of our clients. The policy below helps Journey Forward better serve everyone. Thank you for adhering to this policy.

1.1 **Visit Reservation.** To guarantee a visitation date, Journey Forward requires an initial deposit of \$200 via credit card due at the time of the reservation confirmation. The balance of the total amount due for any visit must be submitted no later than two (2) weeks prior to the arrival date. Full payment must be received prior to the arrival date in order to hold that date on the schedule. If payment is not received, Journey Forward will remove the client from the schedule and provide notification via email.

All cancellations must be received with at least two (2) weeks notice or the client will be charged a non-refundable fee of \$100 taken from the original deposit. Journey Forward will allow a period of six (6) months for rescheduling. If cancellation occurs more than two (2) times in that six (6) month period, the entire deposit will be forfeited. If you have not rescheduled within the six (6) month time period, the entire deposit will be forfeited. If cancellation occurs less than two (2) weeks from the scheduled date, the entire deposit will be forfeited.

1.2 **Initial Consultation.** Your initial consultation will consist of approximately 2.5–3.5 hours. During this time, we will go over your paperwork, guidelines, and any questions you may have. Once on the floor, we will do an evaluation of your abilities and the remainder of your appointment working out.

2. Cost of the Program

2.1 **Cost of One Week Visit:** \$100 per hour: Five (5) sessions at two (2) or three (3) hours depending on client need and injury level.

2.2 **Ongoing Rates.** Current ongoing rate is \$100.00 per hour. The pricing is based on the number of hours you train per day per week. Home-based programs are an additional \$300. Rates are subject to change at any time.

3. **Payment Schedule for All Clients of Journey Forward.** All rates are calculated on a monthly basis. Payment by cash, check, VISA or MasterCard is due on the first of each month. A \$100 late fee will apply if payments are not received by the 3rd day of each month and a \$75 fee for returned checks. Except as otherwise provided herein, there are no refunds.

4. **Waiver of Liability**

4.1 **Waiver/Indemnification** Client acknowledges that any activities client participates in can be an extreme test of client physical and mental limits and carry the potential for severe physical injury. Client hereby assumes the risks of participating in any and all of Journey Forward activities and functions. Client certifies that client is able to participate in the Journey Forward program and has not been advised otherwise by a qualified medical person. Client understands that the information and treatments obtained by participating in Journey Forward 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 a medical condition. Client understands that a bone density scan is required to enter Journey Forward and client agrees and acknowledges that Client will have taken such bone density test and shared the results of such test with Journey Forward before beginning any treatments with Journey Forward. Client certifies that in consideration of becoming a client of the 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 liabilities for any loss, damage, theft or injury of any kind which arise out of or related to its participation in, or its traveling to and from the Journey Forward center; including, but not limited to, 1) any known and unknown, foreseen and unforeseen bodily 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 Journey Forward, even if due to the negligence of Journey Forward or any employee, volunteer, director, officer, client, owner or agent thereof.

Client will indemnify and hold harmless Journey Forward 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 Client's participation in Journey Forward even if due to the negligence of Journey Forward, including, but not limited to any and all losses, liabilities, damages, costs and expenses (including reasonable attorney fees) arising out of such actions.

Client will indemnify and hold harmless Journey Forward 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 Client's participation with off duty Journey Forward employees, volunteers, directors, officers, clients, owners and agents (the individuals) in any and all personal activities not related to the individuals' function as representatives of Journey Forward.

4.2 **Termination of Services**. Journey Forward reserves the right to terminate the service relationship with clients at any time, for any reason, with or without cause or notice and with no further liability to Client. No oral or written statement shall limit the right to terminate the service relationship.

4.3 **Consent to Use of Materials**. By signing this Agreement and joining Journey Forward, you give Journey Forward a perpetual, worldwide, royalty-free, sublicenseable, assignable license to use your name, voice, visual likeness, photographs and film of you (collectively, the "Materials") to use, adapt, modify, reproduce, distribute, publicly perform and display, in brochures, advertisements, commercials, on the Journey Forward website and in any form now known or later developed throughout the world. Client understands and agrees that Journey Forward shall be the exclusive owner of all title and interest, including copyright, in any and all works containing the Materials.

4.4 **Authorization**. Client understands that client is personally responsible to pay all charges for services rendered to it and agrees to make payment thereof when due. Any billing sent by Journey Forward to an insurance company, attorney, or other third party is for the accommodation of the Client and does not relieve the undersigned to pay charges for the services provided. Client authorizes any holder of medical information about it to release to its insurance carrier and its agents any information needed to

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determine these benefits. Client authorizes payment for these services to be paid directly to Journey Forward.

Client hereby confirms that he/she is 18 years of age or older, he/she has read this document and understand its contents. If under 18, a parent or guardian must sign. Client acknowledges that he/she has read, understands, and agrees to the terms and conditions of this Agreement.

Printed Name

Journey Forward

Date: _____

By: _____

Signature: _____

Its: _____

If under 18, signature of parent or guardian is required:

Printed name of parent or guardian

Signature

**Release of Liability, Assumption of Risk and Indemnity Agreement for Clients
with Diagnosed or Undiagnosed Osteoporosis or Osteopenia**

Participant's Name (Last, First): _____

I understand that osteoporosis is a disease in which bones become fragile and more likely to break. If not prevented or if left untreated, osteoporosis can progress painlessly until a bone breaks. These broken bones, also known as fractures, occur typically in the hip, spine and wrist.

Any bone can be affected, but of special concern are fractures of the hip and spine. A hip fracture almost always requires hospitalization and major surgery. It can impair a person's ability to walk unassisted and may cause prolonged or permanent disability or even death. Spinal or vertebral fractures also have serious consequences including, but not limited to, loss of height, severe back pain and deformity.

By reading and signing this document, I acknowledge that I have been diagnosed with osteoporosis or osteopenia (low bone density) and I understand I am at high risk for fractures. I also understand that the Journey Forwards program requires strenuous physical activity and/or intense exercise in which there are potentially serious risks and dangers including, but not limited to, fractures, disability or even death as described above.

In light of the above information, I, the undersigned participant, am requesting voluntary participation in the Journey Forward program. I have obtained appropriate medical insurance that will provide for medical treatment in case of accident, illness or injury for the duration of the program. Furthermore, I will use my personal medical insurance as a primary medical coverage payment if accident or injury occurs

Release of Liability, Assumption of Risk, and Indemnity Agreement

RELEASE: In consideration for being permitted to participate in the program for spinal cord-injured clients at Journey Forward that I have enrolled in with a current diagnosis of osteoporosis or osteopenia, I do hereby release and hold harmless, forever discharge and covenant not to sue Journey Forward its owners, officers, staff, employees and/or the agents of each of them, from and against any and all liabilities, claims and causes of action including, but not limited to, negligence, by reason of any personal injury, accident, illness, death or property loss or any other consequence resulting directly or indirectly from or in any manner arising out of, or in connection with, my being a participant in the Journey Forward program.

ASSUMPTION OF RISK: Participation in the Journey Forward program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as bone fractures, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including further paralysis and death.

INDEMNIFICATION: I also agree to indemnify Journey Forward, and its owners, staff, employees, and agents in connection with any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities including, but not limited to, attorney's fees, brought as a result of my involvement in the Journey Forward program and to reimburse them for any such expenses incurred.

I HAVE READ THE PREVIOUS PARAGRAPHS AND I KNOW, UNDERSTAND, AND APPRECIATE THESE AND OTHER RISKS THAT ARE INHERENT IN THE JOURNEY FORWARD PROGRAM. I HEREBY ASSERT THAT MY PARTICIPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH RISKS AND ENTER INTO THIS RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT 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.

Severability: The undersigned further expressly agrees that the foregoing release, assumption of risk and indemnity agreements are intended to be as broad and inclusive as is permitted by the law of the State of Massachusetts and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this release of liability, assumption of risk, and indemnity agreement, I fully understand its terms, and **I understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent of Minor/ Date

Signature of Nonminor Participant/ Date

Billing Information

Billing Information (If different from the Client Application Form):

Name: _____ Phone #: _____ Billing Email: _____

Address _____

City: _____ State: _____ Zip Code: _____

Option 1: Pay by Check: Please make check payable to: Journey Forward
Print in memo section of check: Client's name

Send check to: Journey Forward
755 Dedham St Canton, MA 02021

Option 2: Pay by Credit Card: MasterCard VISA
Card Number: _____ Expiration Date: (____ / ____)
Name on Card: _____

Option 3: Auto Credit Process

For payment or billing information, please contact Dan Cummings at (781) 828-3233

Billing Policy

Trial Visits

At Journey Forward, every effort is made to accommodate all schedule changes for our clients. The capacity of our schedule dictates our waiting list, therefore last minute cancellations and frequent requests to reschedule makes it difficult for us to accommodate all of our clients. This policy helps Journey Forward better serve everyone. Thank you for adhering to this policy.

1. Guaranteeing Appointments – To guarantee a visitation date, Journey Forward requires an initial deposit of \$200 via credit card due at the time the appointment is made. The balance of the total amount due for any visit must be received by Journey Forward no later than two (2) weeks prior to the start date. Full payment must be received prior to the arrival date in order to hold that date on the schedule. If payment is not received, Journey Forward will remove the client from the schedule and provide notification via email.
2. Cancellations – All cancellations must be received with at least two (2) weeks notice or clients will be charged a non-refundable fee of \$100 taken from the original deposit. Journey Forward will allow a period of six (6) months for rescheduling. If cancellation occurs more than two (2) times in the six (6) month period, the entire deposit will be forfeited. If clients have not rescheduled within the six (6) month time period, the entire deposit will be forfeited. If cancellation occurs less than two (2) weeks from the scheduled date, the entire deposit will be forfeited.

Monthly Billing

1. Fee Calculation - Our fees are calculated monthly based on the number of days and hours clients are scheduled at the center for the following month. Invoices are generated and emailed approximately on or by the 16th of each month. Clients are responsible for checking email to ensure invoices have been received at this time. If no invoice has been received, please contact us at 781.828.3233. Please be sure to provide the email addresses for every party that needs a record of the invoice.
2. Payment Method – We accept payments by cash, check or credit card (Visa or MasterCard).
3. Due Date and Late Fees - Journey Forward honors a grace period until the third day of each month. If Journey Forward does not received full payment by the third day of each month, a \$100 late fee will be applied to the invoice for the following month.
4. Returned Checks- There is a \$75 fee for every returned check.

Third Party Billing

Please understand that clients are ultimately responsible for payment until third party coverage begins. We are unable to follow up with these organizations on your behalf. Additionally, clients will have to work directly with the organizations for any reimbursements to client accounts.

1. Insurance Coverage – Unfortunately at this time, most major health insurance carriers do not cover our program. Since Journey Forward is not a medical facility, please understand that we do not direct bill insurance companies. Clients will need to submit invoices directly to any third party either for reimbursement or to request payment to Journey Forward. Payments must be received by the due date, or the late fee will be applied.
2. National Transplant Assistance Fund (NTAF) – Clients who have an account with NTAF are responsible for mailing check requests accompanied by the monthly invoice. Please contact NTAF for their policies and procedures: (800) 642-8399.
3. Other Foundations, Funds, Trusts – If payment will be made by another foundation, fund or trust, clients will need to submit invoices to the applicable party allowing enough time so that Journey Forward will receive payments by the due date.

Missed Visits

Journey Forward requires a 48-hour advance notice for any scheduled appointment that may be missed in order to receive credit toward the next month. If the schedule permits, we will make every effort to reschedule your appointment. Unfortunately, due to schedule constraints, we cannot reschedule or credit missed appointments with less than a 48-hour notice.

For any scheduling or billing concerns related to credits, missed days, scheduling issues, etc..., please contact Dan Cummings at 781.828.3233

Skin Check Policy

Attention Clients:

For obvious reasons, proactive, preventative skin checks should be a daily priority. It is your responsibility to check your skin every day, especially after a workout. It is also your responsibility to inform your Specialist immediately if you have a blister or skin breakdown that could potentially become a problem. This will allow your training team to design and implement a modified workout plan until your skin heals.

If your team is unaware of your skin problem, your workouts will continue as scheduled and your minor skin issue may eventually become a full blown pressure sore. If this occurs, it will definitely keep you out of this program and slow your recovery. Some of our clients have had to undergo surgery and have taken up to a year to heal.

It is extremely important to us that you know your responsibility as a client. We are here to help you but we must work as a team if we are to be successful. If you have any questions or concerns, please let us know.

I have read the above and understand that it is my responsibility to notify my Specialist immediately if I notice any skin breakdowns.

Printed Name

Signature

Date

For Official Use Only

Program Type: Trial Visit Home Program Train your Trainer

Start Date: _____ **Schedule: Time:** AM ____ PM ____ **Day(s):** _____

Specialist/Leader on Initial Day: _____

Referral Program

How did you hear about Journey Forward?

- Referred by Doctor, Who? _____
Which Hospital? _____
- Referred by Nurse, Who?
Which Hospital? _____
- Referred by Physical Therapist, Who? _____
- Online Search
Which search engine _____
- Chat Room (IE: Care Cure)
Which Chat Room _____
- Referred by Journey Forward Staff, Who? _____
- Referred by Journey Forward client, Who? _____
 - Did a Journey Forward client visit you in the hospital? _____
 - Did a Journey Forward client email you? _____
 - Did a Journey Forward client call you? _____
- SCI Foundation
Which Organization _____
- SCI Association
- Other _____