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Free Injury Screen Consent & Privacy Acknowledgment

Trailhead Sports and Recovery

Participant Information

Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Date of Screening: _____

Purpose of Screening

The free injury screen provided by Trailhead Sports and Recovery is intended to offer a **brief musculoskeletal assessment and general guidance regarding potential next steps.**

I understand and acknowledge that:

- This screening is **not a full physical therapy evaluation.**
- **No physical therapy treatment or intervention will be provided** during the screening.
- The screening is **informational only** and does not establish a formal patient-provider relationship unless additional services are scheduled separately.
- Recommendations may include general education, exercise suggestions, or referral to another healthcare provider if appropriate.

Consent to Screening

I voluntarily consent to participate in a musculoskeletal injury screening performed by a licensed physical therapist or qualified provider from Trailhead Sports and Recovery.

I understand the screening may include:

- Discussion of symptoms or relevant health history
- Observation of posture or movement
- Basic orthopedic or functional testing
- General recommendations regarding next steps

I understand that I may **stop the screening at any time** if I feel uncomfortable.

Assumption of Risk

I understand that participation in movement assessments and orthopedic screening tests involves minimal physical activity. I voluntarily assume any risks associated with participation and agree to notify the provider immediately if I experience pain, discomfort, dizziness, or other concerning symptoms.

Privacy & HIPAA Acknowledgment

I understand that any personal health information I provide during this screening will be handled in accordance with the **Health Insurance Portability and Accountability Act (HIPAA)**.

Information collected during this screening will be kept confidential and used only for the purposes of the screening or communication regarding potential services. My information will not be shared without my authorization except as permitted or required by law.

I acknowledge that **Trailhead Sports and Recovery's Notice of Privacy Practices** is available upon request and explains how my health information may be used or disclosed and how I may access that information.

Participant Acknowledgment

I agree to be contacted by Trailhead Sports and Recovery in the future via email/text for future events and educational communication.

By signing below, I confirm that:

- I have read and understand the information above.
- I voluntarily consent to participate in this free injury screening.
- I understand the limitations of the screening and acknowledge that **no treatment will be rendered** during this event.

Client Signature

Date