



PTplus

Dear Physician,

Your patient, _____ has applied for enrollment in the TOSPT *PTplus* Program which incorporates a voluntary physical therapy continuation program. TOSPT offers the following equipment: treadmills, steppers, Lifecycles, dual-action bikes, upper body ergometers, a variety of machines and a pool.

We ask you to complete the form below to inform us of any medical reasons to restrict or modify the applicant's program. If you have any questions regarding our *PTplus* program, please call 850-877-8855. Thank you for your cooperation.

Physician's name _____

Please circle one of the following and elaborate if necessary.

- 1. My patient is able to participate without supervision.
- 2. My patient should use caution and/or avoid the following exercises:

- 3. My patient should be supervised in the following manner:

- 4. My patient should not participate at this time for the following reason:

Physician's signature _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip _____

<p>Tallahassee Clinic 3334 Capital Medical Blvd. Suite 300 Tallahassee, FL 32308 850-877-8855 F-850-877-7627</p>	<p>Crawfordville Clinic Dubreja Plaza, #3. 2887 Crawfordville Hwy. Crawfordville, FL 32327 850-926-8555 F-850-926-2402</p>	<p>Madison Clinic 257 SW Dade St. Madison, FL 32340 850-973-3316 F-850-973-1261</p>	<p>Florida State University Clinic Thagard Student Health Center 109 Collegiate Loop Tallahassee, FL 32306-2361 850-644-0570 F-850-644-0945</p>	<p>Therapy Specialists (Hand Therapy) 3334 Capital Medical Blvd. Suite 300 Tallahassee, FL 32308 850-219-1523 F-850-201-3369</p>
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TOSPT Administration 3231 Capital Medical Blvd. Tallahassee, FL 32308



PTplus

Patient Information Sheet

NAME _____ DOB _____ SS# _____
 ADDRESS _____
 CITY _____ STATE _____
 PHONE: HOME _____ CELL _____ WORK _____
 EMERGENCY CONTACT _____

The staff at TOSPT would like to be able to offer our members a safe program, as well as one that will be tailored to your specific needs. In order to do this, the following questions have been designed not only to inform us of your past medical history, but to identify the small number of adults who may need medical advice concerning the type of activity most suitable for them. **If you answer yes to ANY of the questions below, we ask that you consult with your physician prior to starting an exercise program.**

YES	NO	
___	___	Has a physician ever said you have heart trouble?
___	___	Do you frequently have pains in your heart or chest?
___	___	Are you presently under a physician's care for high blood pressure?
___	___	Do you have elevated serum cholesterol levels (>250 mm/dl)?
___	___	Do you have any back, neck or neurological problems?
___	___	Have you had surgery or been hospitalized within the past six months?
___	___	Do 3 or more of the following conditions apply to you?
		a. Family history of premature coronary artery disease?
		b. Diabetes?
		c. Smoke more than 1 pack/day?
		d. Overweight (>30 lbs.)?
		e. High stress levels?
___	___	Do you have any injuries that may hinder your participation in any exercise program at <i>PTplus</i> ?

Physician's Name _____ ph# _____

Please list any medications you are currently taking.



PTplus

- 1) Hours: M-Th 6 am - 7 pm
 Fri 6 am - 6 pm
 Sat 8 am - 1 pm (Pool closed on Saturday.)
- 2) Wear proper workout attire i.e. sweats, warm-ups, soft-soled athletic shoes.
- 3) Membership is open to TOSPT patients only
- 4) Tallahassee Orthopedic and Sports Physical Therapy reserves the right to refuse or revoke any membership.
- 5) Completed application and membership packet is required for membership.
- 7) Children are not permitted in the Facility unless they are members of *PTplus*
- 8) Lockers are provided for daily use. You will need to bring your own lock and must remove it each day as you leave.
- 9) Profanity is prohibited.
- 10) Food and drink are prohibited.
- 11) Alcohol, tobacco or any illegal substances are prohibited. Anyone under the influence of alcohol or other substances will not be permitted in TOSPT.
- 12) Members are asked to bring their own towels.
- 13) Please wipe equipment after use.
- 14) Please return all weights or equipment after use.
- 15) Pool specific rules:
- a. No one may enter the pool unsupervised.
 - b. Everyone must shower before entering the pool.
 - c. No lap swimming.
 - d. Absolutely no one is allowed in pool if there is thunder/lightning in the area.
 - e. Please refrain from eating in the pool area, using profanity, and excessive or loud talking.

I have read the rules and agree to adhere to them accordingly.

Signature

Date



INFORMED CONSENT FOR EXERCISE PARTICIPATION

I desire to voluntarily engage in an exercise program in *PTplus* at Tallahassee Orthopedic and Sports Physical Therapy to improve my cardio-vascular function and overall level of function and maintain my level of daily activities (the "Exercise Program").

I understand a physical therapist will tailor my program to my specific needs, as well as detect any physical condition that would limit or prohibit my engaging in the exercise program.

I understand that the exercise program is designed to place a gradually increasing workload on my circulatory and musculoskeletal systems. The reaction of these bodily systems to such activities cannot be predicted with certainty. Therefore, there is a risk that certain changes in these bodily systems may occur during or following the period of exercise that may adversely affect the performance of these systems. These changes may include musculoskeletal injuries, such as sprains, strains, or tears; abnormal blood pressure or heart rate; ineffective heart function, and in some instances, heart attack or cardiac arrest.

I certify that I am not aware of any physical disability, condition or other problem that in any way would restrict my ability to safely participate in *PTplus*. I acknowledge that TOSPT has recommended that I consult with my physician prior to beginning any exercise program.

I understand and agree to immediately report to the exercise supervisor any symptoms or abnormal bodily reactions to the exercise program. Further, I understand and acknowledge that I have been advised by *PTplus* to immediately discontinue any exercise where I experience any such abnormal reaction. I consent to the administration of any resuscitation measure required by the exercise supervisor or supervising physician to preserve my health.

I understand that participation in *PTplus* is not a substitute for acute skilled physical therapy and is not reimbursable by insurance.

I, the undersigned, voluntarily, and with full knowledge of the risks involved in the Program, for myself, my executors, administrators, heirs, next of kin, successors and assigns hereby:

1) Waive and release: *PTplus*, TOSPT, and their members, officers, and employees and their respective directors, agents, servants and any physician or exercise physiologist involved in administering the exercise program, and any one or more of the above described persons in their individual capacities, and the executors, administrators, heirs, next of kin, successors and assigns of all of the above described persons or entities (the "Releasees") from any and all claims, potential claims, damages, court costs or attorneys' fees that may arise in whole or in part, directly or indirectly, from my participation in or as a result of the program; and

2) Indemnify and hold harmless the Releasees against any such claims, that I or my executors, administrators, heirs, next of kin, successors, or assigns may have or assert for damages, court costs or attorneys' fees with respect hereto.

I have read the foregoing and I fully understand it. All of my questions have been answered to my satisfaction.

Signature of Applicant

Witness as to Applicant Signature

Signature of Parent or Guardian if a minor

Date

sufficiency), TOSPT shall refund funds paid or accepted on a pro rata basis computed by dividing the contract price by the number of weeks/days in the contract term and multiplying the result by the number of weeks/days remaining in the contract term (assuming there has been a prepayment by the Buyer for an unexpired term in the contract). TOSPT shall not be deemed to have gone out of business when temporarily closed for repair and renovation of the premises: upon sale, for not more than 14 consecutive days; and during ownership, for not more than 7 consecutive days in any calendar year and not more than two periods of 7 consecutive days in any calendar year.

4) The Initial contract shall be for no more than 36 months, and therefore shall be renewable annually. Such renewal contracts may not be executed and the fee therefore paid until 60 days or less before the preceding contract expires.

5) As a condition of using the services offered, the TOSPT will furnish the buyer with an identification card to use upon entry into the facility.

CONSUMER'S RIGHT OF CANCELLATION:

YOU MAY CANCEL THIS CONTRACT PENALTY-FREE WITHIN THREE (3) BUSINESS DAYS UPON WRITTEN NOTICE OF CANCELLATION. YOU MAY ALSO CANCEL THIS CONTRACT FOR REASONS OF DEATH OR SUBSTANTIAL DISABILITY (SEE RIGHT TO CANCEL, #2). YOU MAY ALSO CANCEL THIS CONTRACT IF THE CLUB GOES OUT OF BUSINESS OR MOVES MORE THAN FIVE (5) MILES OF THAT ADDRESS (SEE RIGHT TO CANCEL, #3). IF YOU CANCEL THIS CONTRACT FOR ANY OF THESE REASONS, YOU MUST NOTIFY, IN WRITING, THE SELLER, TOSPT, 3334 CAPITAL MEDICAL BLVD., STE 300, TALLAHASSEE, FL 32308.

SHOULD YOU (THE BUYER) CHOOSE TO PAY FOR MORE THAN ONE (1) MONTH OF THIS AGREEMENT IN ADVANCE, BE AWARE THAT YOU ARE PAYING FOR FUTURE SERVICES AND MAY BE RISKING LOSS OF YOUR MONEY IN THE EVENT THIS HEALTH STUDIO AND/OR THIS BUSINESS LOCATION CEASES TO OPERATE. THIS HEALTH STUDIO IS NOT REQUIRED BY FLORIDA LAW TO PROVIDE ANY SECURITY, AND THERE MAY NOT BE OTHER PROTECTIONS PROVIDED TO YOU SHOULD YOU CHOOSE TO PAY IN ADVANCE.

Member name _____

Member signature _____

Member SS# _____

Member Phone # _____

Approved and accepted for Tallahassee Orthopedic & Sports P.T. & Fitness

Witness as to applicant signature

Date

Tallahassee Orthopedic & Sports Physical Therapy is registered with the State of Florida as a Health Studio Facility Registration Number – HS3260.



3334 CAPITAL MEDICAL Blvd., STE 300
TALLAHASSEE, FLORIDA 32308

This agreement made the _____ day of _____, 20____, between Tallahassee Orthopedic & Sports Physical Therapy, Inc., hereinafter called the Seller, and _____ hereinafter called the Buyer or Applicant.

WAIVER OF CLAIMS

It is expressly agreed that all use of the TOSPT facilities and any transportation provided by the TOSPT program shall be undertaken by a member at his sole risk, and TOSPT shall not be liable for any injuries or any damage to any member or guest, or the property of any member or guest, or be subject to any claim, demand, injury or damages whatsoever, including, without limitation, those damages resulting from acts of passive negligence on the part of TOSPT, its officers or employees. The member, for himself/herself and on behalf of his/her personal representative, administrators, heirs, assigns and successors, does hereby expressly forever release and discharge TOSPT, its owners, stockholders, officers, employees, agents, assigns and successors from all such claims, demands injuries, damages, actions or causes of action. TOSPT shall not be responsible or liable to members or their guests for articles damaged, lost or stolen in or about the club or from lockers, or for loss or damages to any property including but not limited to automobiles and the contents thereof.

DAMAGES

Each member shall be responsible for any damage to TOSPT's property caused by the member.

TERM

The term of this contract is for one-month intervals or an annual interval, to be paid in advance at the front desk or by statement each month. **A 30-day written notice** is required prior to canceling your membership. Members may freeze their accounts in **30-day (1 month) blocks of time ONLY** by submitting a "**Hold Form**" in advance.

RIGHT TO CANCEL

- 1) The Buyer is permitted to cancel this contract within three (3) business days of its signing. Written notice of cancellation must be mailed or delivered in person. It is the sole responsibility of member to give notification within the three business day period.
- 2) Death or disability of Buyer. If the Buyer dies or becomes physically unable to avail himself of a substantial portion of the services he used from the commencement of the contract until the time of disability, the Seller shall refund funds paid or accepted in payment of the Contract in an amount computed by dividing the contract price by the number of weeks/days in the contract term and multiplying the result by the number of weeks/days remaining in the contract term (assuming there has been a prepayment by the Buyer or an unexpired term in the Contract). The Buyer or the Buyer's estate seeking relief under this clause shall provide proof of disability or death.
- 3) Closing of facility. If the Seller closes or moves the facility at the address designated in the Contract and fails to provide other facilities of equal quality at no additional cost to the Buyer within 30 days and within 5 driving miles of that address, the Buyer may give written notice of cancellation of the contract by mailing or delivering such notice to TOSPT. The Department of Agriculture and Consumer Services may be requested by Seller to determine the sufficiency of Buyer's notice of cancellation under this provision. Upon such notice, (or upon the Department's determination of



PTplus

Fee Schedule

Initial Evaluation (required)	\$75
Re-Evaluation (required to keep POC current)	\$35
One on One Physical Therapy (no annual or monthly)	\$80/hr
Monthly Fee (auto debit from chk acct or cc)	\$72
Annual Fee	\$564

Guests that are not patients of TOSPT not allowed



**TALLAHASSEE ORTHOPEDIC & SPORTS
PHYSICAL THERAPY**

“Get Back In The Game”

PTplus

PTplus at TOSPT is a program designed for the patient who needs ongoing physical therapy oversight in the management of their neuromuscular or musculoskeletal condition. Some patients experience a regression or worsening of their condition after completing the acute phase of physical therapy. Most insurance companies don't recognize the need or don't cover the ongoing concerns of these patients. *PTplus* allows those patients to continue their programs on an affordable self pay basis.

All people using the facilities of the pool or gym at TOSPT must be considered current patients. In compliance with Florida Statutes Chapter 486 which regulates the practice of physical therapy, anyone can directly access the services of a physical therapist for a musculoskeletal condition if that person has been seen at any time previously by a physician for that condition. Most patients in *PTplus* are considered direct access to physical therapy services at TOSPT. Direct access patients are generally considered self pay patients and the filing of insurance benefits is not done.

All clients of *PTplus* must have a current Plan of Care (POC) on file with TOSPT. That POC can be (1) The Discharge plan from the acute physical therapy intervention (2) A *PTplus* evaluation done by one of our licensed physical therapists who will guide you in the program you need. *PTplus* requires that each patient have a reevaluation every six months to monitor the POC and update its currency. Physical therapists are always available to help patients in *PTplus* with questions or concerns about problems that may arise.

To get started in *PTplus*, an information sheet and evaluation must be completed. The availability of the facility to *PTplus* patients, a fee schedule and other information regarding the program are attached.

Tallahassee Clinic
3334 Capital Medical Blvd.
Suite 300
Tallahassee, FL 32308
850-877-8855 F-850-877-7627

Crawfordville Clinic
Dubreja Plaza, #3.
2887 Crawfordville Hwy.
Crawfordville, FL 32327
850-926-8555 F-850-926-2402

Madison Clinic
257 SW Dade St.
Madison, FL 32340
850-973-3316 F-850-973-1261

Florida State University Clinic
Thagard Student Health Center
109 Collegiate Loop
Tallahassee, FL 32306-2361
850-644-0570 F-850-644-0945

Therapy Specialists (Hand Therapy)
3334 Capital Medical Blvd.
Suite 300
Tallahassee, FL 32308
850-219-1523 F-850-201-3369

TOSPT Administration

3231Capital Medical Blvd.

Tallahassee, FL 32308

850-219-1520

F 850-219-1521