



## Client Information and Health History

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birth date: \_\_\_/\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous injuries or surgeries: (Please list dates) \_\_\_\_\_

\_\_\_\_\_

Other health conditions: (heart, lungs, brain, etc.) \_\_\_\_\_

\_\_\_\_\_

List ALL medications you are currently taking: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Legal Guardian Name: \_\_\_\_\_

Activities you are currently participating in, list hours/week of completion:

\_\_\_\_\_

Functional Diving Screen  
for Mile High Dive Club  
Performed by DoVico Physical Therapy

Screening Waiver

\_\_\_\_\_  
Name of Participant

I understand that this functional diving screening is intended to screen for current and potential injuries due to the nature of diving as a sport. I understand that this screen is not diagnosing injuries or illnesses. If there is a concern regarding the participant's outcome, that will be discussed with the participant and their legal guardian after the screen.

This screen will be conducted by licensed physical therapists but is not a physical therapy evaluation. The risks associated with this test are minimal but potential injury can occur due to participants moving through diving motions and positions. I understand that I must be truthful in my health history and subjective comments for the most accurate outcome from the screening.

I authorize the outcomes of this screen to be shared with the Mile High Dive Club coaches. \_\_\_\_\_ (initial)

\_\_\_\_\_  
Signature of Participant

Date

\_\_\_\_\_  
Signature of Legal Guardian (If under 18 years old)

Date

Below Information To Be Filled Out By DoVico Physical Therapy:

\_\_\_\_\_