PUSHING BOUNDARIES

Exercise, health and hope for people with paralysis

Information Release

Family/Caregivers

Please provide the specific names and relationships of people with whom we have permission to your treatment and healthcare details.

Name	Relationship

Physicians/Physical Therapists/Healthcare Providers

Please provide the names and titles of healthcare providers with whom we have permission to your treatment and healthcare details.

Name	Title

Legal/Insurance Representatives/Financial Assistance

Please provide the names and affiliation/company of professionals with whom we have permission to your treatment and healthcare details.

Name	Affiliation/Company

Reports

If you would like us to provide quarterly updates to a physician, please provide the contact information below.

Physician Name:		Phone Number:	
Organization/ Hospital Affiliation:		Fax Number:	

Client Name (Please Print)

Client Signature *Date*

Legal Guardian or Caretaker (Please Print) *Relationship*

Legal Guardian or Caretaker Signature *Date*

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