



PRT Program Participation Form

Employee Name: _____ Employee ID: _____

Department: _____ Job Title: _____

Client Phone Number: _____ Client Email Address: _____

Client Name: _____ Client relation to employee: _____

1. Are you insured under Yuma County's health insurance plan BCBS: YES NO
2. Area of Concern: (please circle) Neck Shoulder Back Wrist Hand Head Knee Ankle Foot
Other: _____
 - a. Side: (please circle) Left Right Lower Middle Upper
3. Is the injury a work related injury? YES NO
 - a. If so, was it reported? YES NO Reported To: _____ On: _____
4. If approved to participate in this program, do you agree to
 - a. Implement the suggestions of the therapist and perform all stretching exercises as instructed? YES NO
 - b. Arrive on time for all appointments with the therapist? YES NO
 - c. Complete the "Before and After Treatment Survey" promptly and accurately? YES NO

_____(initials) **No Call/No Show:** We understand that there are times when you must miss an appointment due to an emergency or obligation for work. However, when you do not call to cancel your appointment, Yuma County is charged a cancellation fee of \$35. **Please notify Sandy Franco at 480-395-9797 for scheduling changes. If you fail to cancel 24 prior to scheduled appointment, your signature below is your authorization for Yuma County to deduct the \$35 charge from your paycheck.** Extenuating circumstances preventing appropriate cancellation will not result in a deduction; whether or not the circumstances qualifies for a waiver of deduction will be determined at the sole discretion of Human Resources.

Employee Signature: _____ Date: _____

NOTE TO EMPLOYEE: Participation in this program is voluntary and is approved every fiscal year. By completing and signing this form, you acknowledge your understanding that the therapy offered through this program is not medical treatment but an alternative method of managing the painful effects of musculoskeletal injuries. You further acknowledges that submitting a completed survey does not guarantee your selection as a participant in the program.

HUMAN RESOURCES OFFICE USE ONLY: A _____ NA _____ WC _____ HI _____