

All Blessings Flow

2335 Seminole Lane
Suite 2000, Box 3
Charlottesville, VA 22901



Email: allblessingsflow@yahoo.com
Website: www.allblessingsflow.org
Tel: (434) 422-8888
Fax: (434) 422-8886

LIABILITY WAIVER

PLEASE COMPLETE ALL SECTIONS with each visit

***CLIENT** name : _____ **REPEAT CLIENT:** Yes No

*Street: _____

*City: _____ State: _____ Zipcode: _____ *COUNTY: _____

*Phone: _____

*Age: _____ *Weight (lb): _____ *Height: Ft: _____ In: _____

For grant-related purposes, please check one:

*Sex: Female Male

*Race: Black Hispanic White Asian Other: _____

*Veteran Yes

*Disability/need for item(s): ALS Cancer Cardiac issues Dementia Lower extremity issue (includes hip)
 MS Parkinsons Pulmonary issues Rheum/Osteo Arthritis Stroke/CVA Urinary issues Weakness/poor balance
 Other: _____

*How did you hear about us? ACAC All About Home Health Adoration Home Health Continuum
 Encompass Health Rehab Enhabit Home Health Interim JABA Parham Doctors' Hospital Sentara
Home Health Sentara MJH UVA VCU - South Hill Other: _____

In the last 30 days, how many times has the client? (please give your best estimate)

*Fallen: # _____ *Gone to the ER: # _____ *Been admitted to the hospital: # _____

NAME & NUMBER of Items received - (to be filled in by ABF volunteers)

(#) _____	(#) _____
(#) _____	(#) _____
(#) _____	(#) _____
(#) _____	(#) _____
(#) _____	(#) _____

*By signing below, I realize that this equipment/item is a gift to me by the organization and that this gift is a used device or item(s) that has been donated to All Blessings Flow to be given to others in the community at no cost. I understand and accept all responsibilities for the equipment/items(s). I voluntarily give up any right to sue or hold the All Blessings Flow organization, their members, officers, directors, volunteers, and any of their representatives responsible for any illness or injury incurred by me or others in the use of this item. In return for getting this equipment/item(s) for free and at no cost, I give up any claim I may have against the above listed individuals and organizations. As well, I assume the responsibility of the maintenance and upkeep for the equipment/item(s). Finally, I agree NOT to sell this equipment/item(s) but to use it only for the purpose(s) it was given.

Signature: _____ **Date:** _____

ABF Volunteer Initials: _____

Therapist Name & Phone #: _____