

Client History and Health Profile

Name: _____

Date of Birth: _____

Street Address: _____

City, State, Zip: _____

Email: _____

Phone: _____ Should I need to contact you, do you prefer: phone email text

Occupation: _____

Employer: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Referred by/Found you through: _____

Medical History

This information is used to ensure the safety and appropriateness of massage techniques used or exercises given. Failure to inform your practitioner of medical conditions and medications may place you at increased risk for adverse reactions.

How is your general health? _____

Have you had any surgeries? _____

What, if any, muscular-skeletal injuries have you had? _____

Do you have any current pain, impingement, or movement issues with your:

back neck wrists shoulders hips knees ankles other _____

Please list your current physical activities.

Activity	Frequency (times per week or month)	Since when?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any activities you used to do that you would like to get back to? _____

What are your main goals for our work together?

1. _____

2. _____

3. _____

Please indicate conditions that you have or have had in the past. Circle current or past, and please explain:

- Muscle or joint pain (Current) (Past) _____
- Muscle or joint stiffness (Current) (Past) _____
- Numbness or tingling (Current) (Past) _____
- Swelling (Current) (Past) _____
- Bruise easily (Current) (Past) _____
- Sensitive to touch/pressure (Current) (Past) _____
- High/Low blood pressure (Current) (Past) _____
- Stroke, heart attack (Current) (Past) _____
- Varicose veins (Current) (Past) _____
- Shortness of breath, asthma (Current) (Past) _____
- Cancer (Current) (Past) _____
- Neurological (e.g. MS, Parkinson's, chronic pain) (Current) (Past) _____
- Epilepsy, seizures (Current) (Past) _____
- Headaches, Migraines (Current) (Past) _____
- Dizziness, ringing in the ears (Current) (Past) _____
- Digestive conditions (e.g. Crohn's, IBS) (Current) (Past) _____

- | | | |
|---|------------------|-------|
| <input type="checkbox"/> Gas, bloating, constipation | (Current) (Past) | _____ |
| <input type="checkbox"/> Kidney disease, infection | (Current) (Past) | _____ |
| <input type="checkbox"/> Arthritis (rheumatoid, osteoarthritis) | (Current) (Past) | _____ |
| <input type="checkbox"/> Osteoporosis, degenerative spine/disk | (Current) (Past) | _____ |
| <input type="checkbox"/> Scoliosis | (Current) (Past) | _____ |
| <input type="checkbox"/> Sciatica | (Current) (Past) | _____ |
| <input type="checkbox"/> Blood clots | (Current) (Past) | _____ |
| <input type="checkbox"/> Infections | (Current) (Past) | _____ |
| <input type="checkbox"/> Congestive heart failure | (Current) (Past) | _____ |
| <input type="checkbox"/> Contagious diseases | (Current) (Past) | _____ |
| <input type="checkbox"/> Edema | (Current) (Past) | _____ |
| <input type="checkbox"/> Broken bones | (Current) (Past) | _____ |
| <input type="checkbox"/> Allergies | (Current) (Past) | _____ |
| <input type="checkbox"/> Diabetes | (Current) (Past) | _____ |
| <input type="checkbox"/> Endocrine/thyroid conditions | (Current) (Past) | _____ |
| <input type="checkbox"/> Depression, anxiety | (Current) (Past) | _____ |
| <input type="checkbox"/> Memory Loss, confusion | (Current) (Past) | _____ |

Are you pregnant or trying to get pregnant? Yes No

List the medications you have taken in the last week, including prescription and over-the-counter medications.

Consent for Treatment

If I experience any pain or discomfort during this session, I will immediately inform my practitioner. I further understand that massage/bodywork and corrective exercise such as Pilates should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware.

I certify that the above information is correct to the best of my knowledge, and I agree to keep my practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. Understanding all of this, I give my consent to receive care.

Client Signature: _____

Date: _____

If under 18:
Parent/Gaurdian Signature: _____

Date: _____

Client's Name: _____

Date: _____

Studio Policy

Payment: _____ (client's signature)

I agree to pay the amount due prior to or at the appointment. If I hold a gift certificate to pay for the session, I agree to present it at the beginning of the session. All returned checks will be charged a \$25 fee.

Cancellation Policy: _____ (client's signature)

For appointments scheduled on Tuesday-Saturday, cancellations or rescheduling of an appointment must occur at least 24-hours in advance to avoid a late cancel charge. For appointments on Sundays and Mondays, cancellations or reschedules must occur by 5pm the Friday before to avoid a late cancel charge.

A late cancel charge is equal to the full value of the session or class. If I hold a package, I understand that one session will be taken from my package to account for the late cancel charge. If I do not hold a package, I understand that I will owe the full value of the class or session.

While email reminders should go out 48 hours in advance of my class or session, technology snafus do occur, and at times these reminders end up in the junk folder. I agree that it is my responsibility to record any upcoming appointment dates and times and that failure to receive any reminders from Corpo Kinetic or associated practitioner does not constitute a reason to not pay for the missed/late-canceled session.

Arrival/Departure: _____ (client's signature)

If I arrive late or need to leave early from a scheduled session, I understand that this will not reduce the fee or change the session end time. If I am late, the practitioner will wait for 20 minutes of the scheduled session, after which period the practitioner is free from obligation and the I will be charged the full amount of the scheduled session. Warm-up is important! If I arrive later than 10 minutes after the scheduled start time of a group class or workshop, I understand that, for my safety, this may mean that I cannot join the class, at the instructor's discretion.

Promotional Package Expiration: _____ (client's signature)

Single sessions are paid for at the time of the appointment. We offer promotional packages, which have clearly specified expiration date which will not be extended. There will be no refunds for unused package sessions.

Our Studio Environment: _____ (client's signature)

The following policies aim to keep our environment restorative and welcoming to all.

- Please respect our neighbors by keeping voices quite in the courtyard, waiting room, and hallways.
- Turn off your cell phone in the studio.
- Leave the scents at home: please refrain from wearing perfumes and colognes in consideration of others' environmental sensitivities.
- Remove shoes upon entering the studio.
- Water is recommended, but please no food in the studio.

Informed Consent and Waiver of Liability

I have enrolled in a program of bodywork and/or instruction in Pilates. I have been advised and I understand that bodywork and Pilates, like any physical conditioning or exercise program, present some unavoidable risk of injury, especially to people who have pre-existing injuries or medical disabilities. I understand that use of exercise equipment also carries with it a risk of injury. I recognize that many changes may occur as a result of bodywork and exercising, including possible short-term aggravation of some symptoms, feelings of tiredness, soreness, light-headedness, increased energy, mood changes, etc. I also understand that a medical evaluation is advisable before commencing in any exercise program. I have and will continue to keep Corpo Kinetic and any associated practitioner fully informed of any physical condition or disability that would prevent or limit my participation in any exercise program.

It is expressly agreed that all use of the facilities and equipment at Corpo Kinetic shall be undertaken by me, the client, at my own sole risk. It is also expressly agreed that Corpo Kinetic and its practitioners/trainers shall not be liable for any injuries or any damages to me or guest, or be subject to any claim, demand, injury or damages whatsoever, including - without limitation - those damages resulting from acts of active or passive negligence on the part of Corpo Kinetic or its agents. Client, for himself/herself and on behalf of his/her executors, administrators, heirs, and successors waives any possible liability of Corpo Kinetic, its owner, or its agents from all such claims, demands, injuries, damages, actions or courses of action.

I have read and understand the above. I have volunteered to participate in bodywork and/or a physical exercise program at Corpo Kinetic.

Client's Signature: _____

Date: _____

Guardian's Signature: _____
(if client under 18 years old)

Date: _____