

Welcome, thank you for being here!
In order for me to better understand your health and fitness needs, please take a few minutes to complete this form. Thank you.

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work/Cell Phone _____

E-mail address _____ Birth Date _____

Occupation _____

1.) What specific health or fitness goals do you hope to achieve through the Pilates Method and/or through Fascial Stretch Therapy?

2.) List all current and previous activities/sports.

3.) Describe your present physical condition.

4.) Describe your physical history, listing injuries, ailments, illnesses, surgeries, pregnancies, and any significant medical treatments. Check all body parts that are involved. Where appropriate please specify Right (R) or Left (L).

____ Head ____ Arm/Hand ____ Lower Back ____ Hip/Pelvis

____ Neck ____ Upper Back ____ Ribs ____ Knee

____ Shoulder ____ Middle Back ____ Abdomen ____ Ankle/Foot

5.) How did you hear about me/my services? (If applicable, include your referring doctor, chiropractor, physical therapist, massage therapist, etc.)

WAIVER OF LIABILITY AND INFORMED CONSENT RELEASE

CANCELLATION POLICY: I understand that if I cancel a scheduled appointment, I must notify Amy Havens, dba MoveWithAmyHavens Inc., by email (amychavens@gmail.com), text or phone (805-252-2889) at least 24-hours in advance or I will be held responsible for payment in full.

PACKAGE EXPIRATION POLICY: I understand that if I choose to buy a package of prepaid Pilates or FST sessions from Amy Havens, dba MoveWithAmyHavens Inc., those sessions must be used within 6 months from the date of purchase. Sessions remaining on a package that have not been used within 6 months will expire and those sessions will be lost. Refund requests for packages not yet expired, will be honored if submitted in writing.

I am enrolling in instruction in the Pilates Method of physical conditioning and/or will be receiving Fascial Stretch Therapy sessions with Amy Havens dba MoveWithAmyHavens Inc. I have been advised and I understand that participation in Pilates conditioning activities, like any physical conditioning activity or exercise program, presents some unavoidable risk of injury, especially to people who have pre-existing injuries, illness or medical disabilities. I understand that the use of exercise equipment also carries with it a risk of injury. I recognize that many changes occur as a result of these exercise lessons, including possible short-term aggravation of some symptoms, feelings of tiredness, light-headedness, increased energy, mood changes, etc. I am aware that Fascial Stretch Therapy is a form of assisted stretching and manual therapy and I have given detailed information about any pre-existing physical conditions. I understand that this form of bodywork is gentle and that at any time it feels too sensitive to me, I can tell my therapist and she will honor my comments.

I also understand that a medical evaluation is advisable before commencing any program of physical conditioning or exercise. I have and will continue to keep Amy Havens, dba MoveWithAmyHavens Inc., fully informed of any physical condition or disability, which would prevent or limit my participation in an exercise program. I acknowledge that, although the program may have substantial physical benefits, Amy Havens dba MoveWithAmyHavens Inc., does not engage in diagnosing or treating medical diseases or deficiencies.

I expressly assume all risks of my participation in this conditioning program and waive any claim, which I might otherwise bring against Amy Havens, dba MoveWithAmyHavens Inc. as a result of injuries resulting from or relating to my participation in this Pilates conditioning program and/or stretch therapy sessions.

Amy Havens, dba MoveWithAmyHavens Inc, shall not be responsible or liable for any articles lost, stolen or damaged.

Sign: (parent or guardian if under 18 years of age)

Date:

