

Client Information Form

Welcome to Whole Self Studio LLC. It is our mission to empower you to be in control of your Health and Wellness through an integrated approach. At Whole Self Studio we look at the entire self to cultivate one's optimal well being. We incorporate, mindfulness techniques, Pilates, Stretch therapy, movement re-education and Energy medicine.

To better serve your health and fitness goals, Please take a few minutes to complete this form. Thank You.

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Cell _____ Home _____ Work _____

Email Address _____

Emergency Contact Phone _____

Birth Date _____ M F Height _____ Weight _____ Age _____

1. What specific fitness or health goals do you hope to achieve through this work.

2. List current Activities and Sports.

3. Describe your present physical condition.

4. Describe your physical history, listing injuries, ailments, illnesses, surgeries, and any other significant medical treatments. Circle all body parts that are involved.

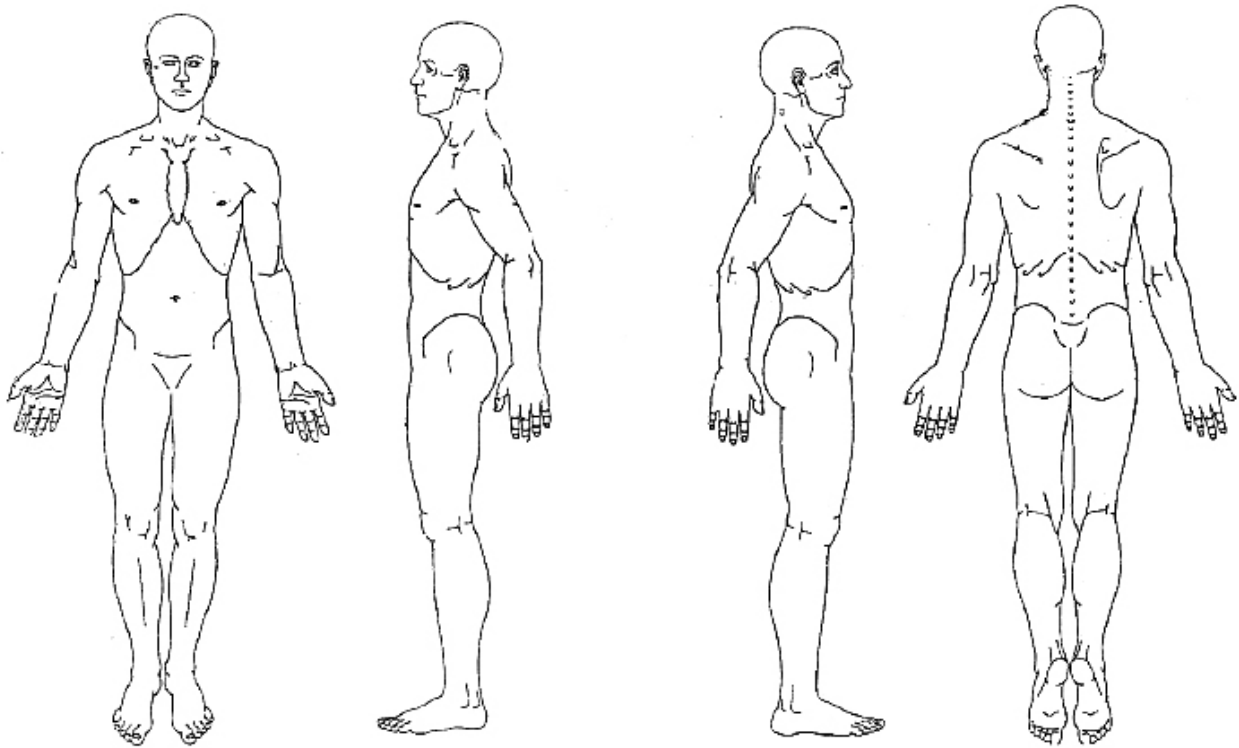
Where appropriate, please specify right (R) or left (L)

Head	Arm/Hand	Lower Back	Hip/Pelvis
Neck	Upper Back	Ribs	Knee
Shoulder	Middle Back	Abdomen	Ankle/foot

New Client Form

Name _____ Date _____

Please mark on the figures below any areas where you are experiencing current pain, discomfort or challenges.



- _____ Low back problems
- _____ Pain between shoulders
- _____ Neck Problems
- _____ Arm problems
- _____ Leg problems
- _____ Swollen joints
- _____ Painful joints
- _____ Stiff joints

- _____ Ruptures
- _____ Stiff Joints
- _____ Sore muscles
- _____ Weak muscles
- _____ Walking Problems
- _____ Balance Problems
- _____ Broken Bones
- _____ Dizziness

Comments: _____

Whole Self Studio ~ *Inviting Health to your Whole Self*

Average Blood Pressure _____ / _____ Average Pulse Rate _____

Allergies _____

FAMILY MEDICAL HISTORY

	Age	Health Problems	Age at Death	Cause of Death
Mother				
Father				
Brother/Sister				
Brother/Sister				

Childhood health: _____

Location of upbringing: _____

Current emotional health: _____

Current quality of life: _____

Stress level of occupation: _____

Have you had any unusual stresses lately? _____

Your favorite time of year: _____ Your least favorite time of year: _____

Hobbies and recreational habits: _____

Do you exercise regularly? _____ Describe: _____

Have you traveled abroad in the past year? _____ Where? _____

MEDICAL HISTORY

What kinds of treatment have you tried? _____

Have they helped alleviate the condition/problem? _____

Are you currently receiving treatment for your problem? If so, describe: _____

Illnesses: _____

Surgeries: _____

Significant trauma (car accidents, falls, etc): _____

Do you or have you ever had any infectious diseases? Please describe: _____

Medications (prescriptions, over the counter drugs, vitamins & herbs taken in last 3 months):

Medication: _____	Reason for taking it: _____
Medication: _____	Reason for taking it: _____
Medication: _____	Reason for taking it: _____
Medication: _____	Reason for taking it: _____
Medication: _____	Reason for taking it: _____
Medication: _____	Reason for taking it: _____
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Medication: _____	Reason for taking it: _____
Medication: _____	Reason for taking it: _____
Medication: _____	Reason for taking it: _____
Medication: _____	Reason for taking it: _____

Date of last Medical Exam: _____

**WAIVER OF LIABILITY AND INFORMED CONSENT
RELEASE CANCELLATION POLICY:**

I understand that if I must cancel a scheduled appointment. I must notify Whole Self Studio LLC at least 24 hours in advance or I will be held responsible for payment in full.

Whole Self Studio LLC recommends that you first consult with your Physician before participating in this program. I have enrolled in a program of instruction offered by Whole Self Studio LLC. I have been advised and I understand that participation in this method of exercise and conditioning activities, like any physical conditioning activity or exercise program presents some unavoidable risk of injury, especially to people who have preexisting 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 may occur as a result of these lessons, including possible short term aggravation of some symptoms, feelings of tiredness, light headedness, increased energy, mood changes, etc.

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 Whole Self Studio LLC fully informed of any physical condition or disability which would prevent or limit my participation in an exercise or physical conditioning program. I acknowledge that although the conditioning program I participate in may have substantial physical benefits, Whole Self Studio LLC is not engaged in diagnosing or treating medical diseases or deficiencies. I expressly assume all risk of my participation in the program of Whole Self Studio LLC and waive any claim which I might otherwise bring against Whole Self Studio LLC as a result of injuries resulting from or relating to my participation in this program.

Whole Self Studio LLC shall not be responsible or liable for any articles lost, stolen or damaged, in or about the Studio. In case of Instructor Illness or emergency I will try to notify you immediately.

Signature _____ Date _____
(Parent/guardian if under 18 years of age)