

Client Health/Intake Form

In Motion 4 Life

Today's Date _____

Name: _____

Sex: Female Male

Address: _____

Date of Birth: _____

City: _____

State: _____

Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

**May we contact you through your email? (we do not sell information) Yes No

Occupation: _____

In case of emergency please notify:

Name: _____

Phone: _____

Relationship: _____

How did you hear about us? _____

Medical History

Are you currently pregnant? ? Yes No

Please check any condition that applies to you (past or present):

Auto-Immune / Fibromyalgia

Diabetes

Muscular / Sport Injuries

Allergies / Asthma

Digestive Issues / Pain

Neurological Problems

Arthritis

Dizziness

Osteoporosis / Osteopenia

Blood Clots / Varicose Veins

Fatigue / Chronic Fatigue

Scoliosis / Spinal Issues

Cancer

Headaches / Migraines

Sciatica / Back Pain

Chest Pain

Heart Disease / MI / CABG

Skeletal / Joint Issues

Circulatory Issues

HIV

Seizures

Contagious Diseases

Hyper or Hypotension

PTSD or Chronic Stress

Depression / Anxiety

Insomnia / Sleep Issues

Swelling / Edema

Describe Above Conditions, Major Illness' and Any Other Issues: _____

List Any surgeries: _____

List Any medications or supplements: _____

Are there any circumstances that you are aware of either physical or emotional that might bring about discomfort during your yoga, Pilates, TRE or any type of bodywork session? Yes No

Has your Medical Doctor approved you for exercise? _____ When? _____

Please list the name & phone number of any health care providers

List Daily Activities Limited by Condition (s)

At Work _____

Home/Family _____

Sleep/Self Care _____

Social/Recreational _____

List Self-Care Routine

How do you reduce stress? _____

Do you engage in any exercise? Please explain and list _____

Goals

What are your goals for health and wellness? _____

How may we assist you in achieving your goals? _____

Please list anything else that you would like to add to this form for us to discuss in regard to our Session, Class, Workshop or Training :

Intake & Health Information Consent

Please read each section carefully. By signing below you are acknowledging you have read and agree to each term

Contract for Care

I promise to participate fully in my wellness plan. I will make sound choices regarding my health and wellness based on the information provided by my wellness team and based on my experiences with those suggestions. I promise to keep my team informed on my progress, concerns or any changes in my health or goals.

Consent for Care and Participation

I affirm that I have stated all my known medical conditions and have answered all questions honestly. I understand that Yoga, Pilates, TRE (Tension/Trauma Releasing Exercises) and any Functional Movement work are for the purpose of wellness/relaxation/relief from muscular tension/Stress Reduction and are not a substitute for medical care, diagnosis or treatment of any illness. I recognize it is my responsibility to inform of any changes in my condition.

By signing your name below as a participant in Yoga, Pilates, TRE – Tension/Trauma Releasing Exercises and /or Cardiovascular/Weight Training/Functional Movement; you acknowledge that participation in such activity exposes you to possible risk of personal injury.

You, being fully aware that participation in this activity exposes you to a possible risk of personal injury, I hereby release, In Motion 4 Life, DP Matworks, Inc., Donna L Phillips and/or any of its sub-contractor or employees from any and all liability from property damage, personal injuries or other claims arising from or in connection with your participation in the activity including claims that are known and unknown, foreseen and unforeseen, future or contingent.

I hereby affirm that I am in good physical condition and do not suffer from any disability which would prevent or limit my participation in this wellness plan or exercises program.

Payment Policy

I agree that all services rendered are charged directly to In Motion 4 Life / DP Matworks, Inc. and I am responsible for payment unless other arrangements have been made. I agree to pay for all scheduled appointments that I am unable to keep unless I notify a minimum of 24 hours in advance.

Payment may be in the form of cash, Visa or Mastercard. Square, Venmo, Paypal or Wise

Signature _____ **Date** _____

Consent for Clients Under 18

By signing below, you (guardian) are acknowledging you have read and agree to each term listed above.

Name of Client _____ **Age** _____

Signature of Guardian _____ **Date** _____

Relationship to Client _____