Client Intake Form

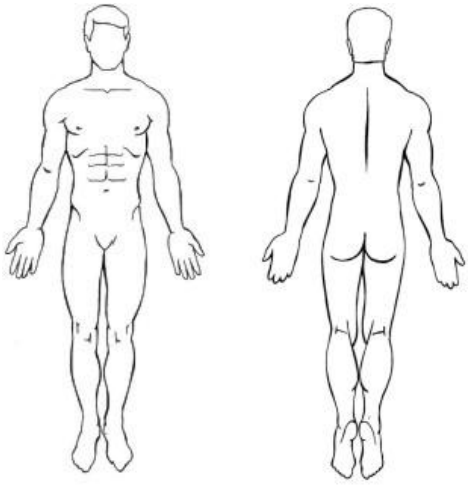
Name: _____ Date: _____ Referred By: _____
Address: _____ E-Mail: _____
City/State/Zip:_____ Mobile: _____
Birthday: _____ Occupation: _____
Emergency Contact: _____ Phone: _____

General Information:

What is your main reason for coming to Foxy FIT?_____
What specific goals would you like to achieve with Foxy FIT?_____

_____

How and when did the symptoms begin? _____
Where are your symptoms located? Please mark the areas on the figures below:



How long have you had these symptoms? _____
Are you currently, or have you ever been, under medical supervision for this problem? _____

_____

Have you had any tests for this problem; such as x-rays, MRI or CT scans? _____
What treatment did you receive and when? _____
Describe the symptoms. Please check all that apply:
□ Dull □ Ache □ Burning □ Sharp □ Periodic □ Constant □ Sore □ Stiff □ Numb □ Tingling
What makes it better or worse? _____

_____

On a scale of 0 to 10 with 10 being the most severe imaginable discomfort, what is your discomfort level right now?_____
What time of day is the pain worse? _____
How much has pain interfered with your normal work (including academics, athletics, housework, and work outside the home)?
Not at all A little bit Moderately Quite a bit Extremely

Physical/Psychological Factors:

What physical activities are you currently involved in? _____
Do you stretch now? _____
Do you feel flexibility is an important part of fitness? _____
Have you experienced any kind of bodywork before (i.e. massage, acupuncture, fascial stretch, etc.)? If yes, what type and how often? _____

Do you wear any type of supportive braces anywhere? _____
Do you wear orthotics?_____If yes, for how long? _____
What percentage of your day is spent sitting?_____, standing?_____, driving? _____
Are your symptoms worse at the end of the workday? _____
Does your work station give you support and encourage good posture? _____
How would you rate your own posture? _____
Do you have trouble sleeping? If yes, what position do you sleep in? _____
How would you rate your level of psychological/physiological/emotional/environmental stress?
Not at all A little bit Moderately Quite a bit Extremely
How do you cope with stress? _____
How satisfied are you with your methods of coping with stress?
Not at all A little bit Moderately Quite a bit Extremely
Are you interested in learning/practicing tools to cope with stress? Yes/No

Medical History

Please list any recent injuries, illnesses, or surgeries: _____

_____

_____

Are you currently under the care of a physician? Yes_____No_____
If yes, please explain.

_____

List current medications and supplements, including aspirin, ibuprofen, etc. _____

Please check all that apply

____ Cancer	____ Hi/Low Blood Pressure	____ Epilepsy
____ Digestion Problems	____ Elimination Problems	____ Ulcers
____ Cancer: Type _____	____ Respiratory Problems	____ Cold Hands/Feet
____ Migraines/Headaches	____ Sinus Problems	____ Heart Problems
____ Back Problems	____ Neck Problems	____ Bruise Easily
____ Sciatica	____ Arthritis/Bursitis	____ Allergies
____ Stroke	____ Immune Disorder	____ Fibromyalgia
____ Scoliosis	____ TMJ	____ Carpal Tunnel
____ Osteoporosis	____ Tendonitis	____ Asthma
____ Diabetes	____ Now Pregnant (what week?)	____ Immovable Joints

Do you have any chronic or frequent pain? _____
Have you had any accidents, auto or other? _____
Have you ever had any major surgeries? _____
Have you ever had a head injury?_____Have you noticed dizziness?_____Change in hearing? _____
Change in vision?_____
Are there any other medical conditions the practitioner should be aware of? _____
_

The above information is accurate and true to the best of my knowledge. If there are any changes in my current level of health, I will inform the person here that I'm seeing of my condition. I understand that Foxy FIT does not diagnose or treat illness or disease and does not prescribe medications. I agree to pay my account with Foxy FIT in accordance with the regular rates and payment terms. If, for any reason cancellation is necessary, I will give a 24-hour notice. I understand that if I do not give this notice, I will be charged for the appointment unless it can be filled. Emergency cancellations will be determined by Foxy FIT. It is agreed that any claim of liability is hereby waived.

_____ _____

Signature Date

CLIENT LIABILITY WAIVER AGREEMENT

I_____(print name) understand that yoga/fascial stretch/corrective exercise/Graston Technique and other soft tissue modalities ("fitness sessions") include physical movements as well as an opportunity for strength building, relaxation, stress re-education and relief of muscular tension. Participation in Foxy Fitness LLC sessions includes, but is not limited to, participation in physical exercise, assisted stretching, soft tissue release techniques performed manually or with the use of Graston instruments, meditation techniques, yogic breathing techniques, and performing various yoga postures. Fitness sessions are designed to exercise every part of the body—stretching and toning the muscles and joints, the spine and the entire skeletal system. They also work on the internal organs, glands and nerves. Fitness sessions incorporate sustained stretching to strengthen muscles and increase flexibility. Fitness sessions are an individual experience.

As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. My signature acknowledges I understand that in fitness sessions I will progress at my own pace. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the practitioner (the "Practitioner"). I will continue to breathe smoothly. If at any point I feel overexertion or fatigue, I will respect my body's limitations and I will rest before continuing the fitness session. If I experience pain or discomfort during the session, I will immediately inform my Practitioner so that variables can be adjusted to my level of comfort. I will not hold my Practitioner responsible for any pain or discomfort I experience during or after the session. I affirm that I have notified my Practitioner of all known medical conditions and injuries. I agree to inform my Practitioner of any changes in my health and medical condition. I understand that there shall be no liability on the Practitioner's part should I forget to do so.

Fitness sessions are not a substitute for medical attention, examination, diagnosis or treatment. Fitness sessions are not recommended and are not safe under certain medical conditions. I understand that the services offered today are not a substitute for medical care. I understand that my practitioner is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness. I affirm that I alone am responsible to decide whether to participate in fitness sessions.

I understand that there is a 24-hour cancellation policy. If I am unable to cancel before that time I will be responsible for the costs associated with that session.

By signing my name below, I acknowledge that participation in fitness sessions exposes me to a possible risk of personal injury. I am fully aware of this risk. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during any fitness session.

I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows: I (a) irrevocably WAIVE, RELEASE AND DISCHARGE FROM ANY AND ALL LIABILITY for my death, disability, personal injury, property damage, property theft or actions of any kind which hereafter may occur to me, including my traveling to and from fitness sessions, Practitioner and Foxy Fitness LLC, who is hosting these classes and where sessions are being held, and each of their directors, officers, employees, volunteers, representatives and agents; and (b) INDEMNIFY, HOLD HARMLESS AND AGREE NOT TO SUE the entities or persons mentioned in this paragraph as to any and all liabilities or claims made as a result of participation in the fitness sessions, whether caused by the negligence of releasees or otherwise.

My signature further acknowledges that I shall not now or at any time in the future bring any legal action against Practitioner and/or Foxy Fitness LLC; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. My signature verifies that I am physically fit to participate in fitness sessions and a licensed medical doctor has verified my physical condition for participation in this type of session.

If I am pregnant or become pregnant or am post-natal, my signature verifies that I am participating in fitness sessions with my doctor's full approval. I realize that I am participating in fitness sessions at my own risk.

The Client Liability Waiver Agreement shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I acknowledge that this The Client Liability Waiver Agreement form will be used by the persons or entities being released in the fitness sessions and that it will govern my actions and responsibilities in said sessions.

I hereby certify that I have read this document; and, I understand its content.
I am aware that this is a release of liability as well as a contract and I sign it of my own free will.
I also understand at the fitness sessions or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purposes by the Practitioner and/or Foxy Fitness LLC.

_____ _____

Signature of client,, parent or guardian (if client is less than 18 years of age) *Date*

_____ _____

Name of client (print clearly) *Name of parent, guardian if client is less than 18 years of age*