

Body ReAlign Client Information Sheet

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile Phone: _____ Home Phone: _____

Email Address: _____

Preferred Contact for Appointment Reminders: (Please Circle)

Cell Phone Home Phone Work Phone Email Text No Preference None

Referred By: _____

D.O.B. _____ Height: _____ Weight: _____

Occupation: _____

Employer's Name: _____

Business Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Check All Symptoms that Apply:

- Back Pain
- Depression
- Dizziness
- Fatigue
- Foot Pain
- Head Feels Heavy
- Headaches
- Hip Pain
- Knee Pain
- Loss of Balance
- Neck Pain
- Numbness
- Pain down Leg
- Shoulder Pain
- Sleeping Problems
- Other:

Past Injuries/Surgeries: _____

Medications: _____

Other modalities (treatments and therapies) used currently or in the past:

Activity Preferences: _____

Main Goals Hoping to Achieve through *Body ReAlign*:

- | | |
|--|---|
| <input type="checkbox"/> Improve Diet | <input type="checkbox"/> Muscle Size/Strength |
| <input type="checkbox"/> Improve Flexibility | <input type="checkbox"/> Pain Relief |
| <input type="checkbox"/> Improve Posture | <input type="checkbox"/> Reduce Stress |
| <input type="checkbox"/> Lose Weight | <input type="checkbox"/> Sport Specific |
| <input type="checkbox"/> Other: _____ | |

Assumption of Risk

I, _____, have volunteered to participate in an exercise program provided to me by Adeliene Ramos, certified Postural Alignment Therapist and Personal Trainer, which may include, but may not be limited to, stretching, muscle strengthening, and aerobic or cardiovascular exercise. In consideration of her agreement to instruct and train me, I hereby waive all claims, demands, and liabilities against Adeliene Ramos for any injury, damage, loss (economic or otherwise) that I might suffer during or as a result of participating in an exercise routine prescribed to me by her.

I understand the terms of the assumption of risk policy.

_____/_____/_____
Name (Please Print) Signature Date