2660 Canyon Boulevard, Suite A4
303-440-5776

BODY DYNAMICS
Integrated Health & Fitness Specialists

www.bodydynamics.net
info@bodydynamics.net

Client Health History Form

Name: _____ **Birthdate:** _____ **Date:**_____

Address: _____ **City/State/Zip:** _____

Cell phone: _____ **Home phone:**_____

Occupation:_____ **Work phone:** _____

Which phone do you prefer we call? _____

Email: _____

Would you like to receive emails regarding studio events, programs, offers, scheduling and more? ☐ **Yes!**

Emergency Contact: _____ **phone:**_____

1. **How did you hear about Body Dynamics? Friend:** _____

   Practitioner: _____ **Other:** _____

   Fundraising Event____LivingSocial ____Groupon____Word of Mouth____Internet_____Walk-by_____

2. **Who is your referring physician/chiropractor/physical therapist/massage therapist/etc?**

_____

3. **Other health care practitioners you're currently seeing?**

_____

4. Do you now, or have you had in the past, any of the following?	**YES**	**NO**
a. History of heart problems, chest pain, stroke?	___	___
b. Increased blood pressure?	___	___
c. Any chronic illness or condition?	___	___
d. Difficulty with physical exercise?	___	___
e. Advice from physician not to exercise?	___	___
f. Recent surgery (within last 12 months)?	___	___
g. Pregnancy (now or within last 3 months)?	___	___
h. Muscle, joint or back disorder? Or any previous injury still affecting you?	___	___
i. Diabetes or thyroid condition?	___	___
j. Hernia, or any condition that may be aggravated by lifting weights?	___	___
k. Have you ever been diagnosed with osteopenia or osteoporosis?	___	___

5. **Please explain any "yes" answers from above:** _____

_____

6. **Describe your present physical condition:** _____

_____

7. **Current medications you're taking: _____**

_____

8. **Describe your physical history, listing injuries, ailments, illnesses and any significant medical treatments. Check all body parts 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**

Comments: _____

_____

9. **Please list all current activities/sports: _____**

_____

10. **Specific fitness or health goals you hope to achieve through Pilates, personal training or physical therapy?**

_____

Cancellation/Refund Policy

We at Body Dynamics Inc. want our clients to experience the best possible service and client experience. We ask that all cancellations be made at least 24 hours in advance of your scheduled session or class. If you have established an online account you may cancel class reservations through our website if it is more than 24 hours in advance.

We realize that occasional urgent situations, like illness or hazardous weather conditions, are unavoidable. In fairness to everyone, each client will be allowed two last-minute "grace" cancellations per calendar year (made within that 24-hour window). After using two "grace" sessions, all last minute cancellations (within 24 hours) will be charged to your account as "no show" appointments.

All services purchased are non-refundable and carry one-year expiration.

I acknowledge that I have read and understand the "Cancellation/Refund Policy" at Body Dynamics Inc.

Client Initial_____

Waiver of Liability & Informed Consent Release

I have signed-up for one or more of the fitness programs offered by Body Dynamics Inc. I have been advised and I understand that participation in these fitness, exercise and conditioning activities – like any physical conditioning or exercise program – may present 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 exercise lessons, including, but not limited to, short-term aggravation of some symptoms, feelings of tiredness, light- headedness, muscle soreness, 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 Body Dynamics Inc. fully informed of any physical condition or disability that 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, neither Body Dynamics Inc., nor its employees, are engaged in diagnosing or treating medical disease or deficiencies.

I expressly assume all risks of my participation in the fitness programs conducted by Body Dynamics Inc. and waive any claim which I might otherwise bring against Body Dynamics Inc., its officers, directors, shareholders, employees, trainees and contractors as a result of injuries resulting from, or relating to, my participation in one or more of said fitness programs.

I understand that classes require prior evaluation of my fitness level and that I am responsible for attending appropriate level class.

Body Dynamics Inc. shall not be responsible or liable for any article lost, stolen or damaged, in or about the studio.
THIS IS A LEGAL INSTRUMENT; IF YOU DO NOT FULLY UNDERSTAND IT, PLEASE CONSULT WITH AN ATTORNEY BEFORE SIGNING.

Name (Print) _____ Date_____

Signature _____