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. Check 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

_____
_____
_____
_____
_____
_____
_____

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.

_____ Date _____

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