

### Contract for Consultation

Consultation Includes Assessment and Review of:

- Activities of Daily Living.
- Health Goals.
- Static Posture.
- Range of Motion.
- Movements.
- Subjective/Objective Observations.
- Review of Findings.
- Written Documentation of Session.

Consultation Terms and Conditions:

1. The Client agrees to allow the Corrective Exercise Specialist to perform physical assessment for the purpose of documenting postural asymmetries and movement distortions.
2. The Corrective Exercise Specialist does not diagnose or treat illness or injury, and is providing the Client with professional insight on how postural re-education and ergonomic awareness can improve activities of daily living.
3. In participating in this consultation, the Client agrees to waive any possibility for personal damage against the Corrective Exercise Specialist.

By signing below, you agree to the terms and conditions in this agreement, accept full responsibility for your own health and well-being, and acknowledge an understanding that no responsibility is assumed by the provider of the Corrective Exercise Program.

Agreed Upon Costs: \$\_\_\_\_\_. Method of payment: \_\_\_\_\_

Client Name (print): \_\_\_\_\_

Address: (street/city/state/zip):  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Parent/guardian's signature (if needed)

\_\_\_\_\_ Date: \_\_\_\_\_