



FULL OF LIFE FITNESS

At home skilled fitness enabling older adults to live life to its fullest!
Pamela Pellegrini, PT, CEEAA

NAME: _____ DATE OF BIRTH: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 HOME PHONE: _____ CELL PHONE: _____
 E-MAIL: _____
 SOCIAL STATUS: MARRIED _____ SINGLE/ DIVORCED _____ WIDOWED _____
 ARE YOU CURRENTLY RECEIVING REHAB THERAPY? _____
 PRIMARY PHYSICIAN: _____

EMERGENCY CONTACT/ GUARANTOR: _____
 ADDRESS: _____
 PHONE: _____ E-MAIL: _____

EXPLANATION OF SERVICES PROVIDED

Pam Pellegrini/ FULL OF LIFE FITNESS will provide the following services:

- Initial Consultation** which includes a medical history review, general strength, flexibility, functional mobility, endurance, balance and postural assessments.
- Prescribe and supervise an individualized program of exercise** which may include strength training, flexibility exercise, endurance training, agility and balance activities, postural exercises, and instruction in safe functional mobility as indicated for as long as the client and/or consultant deem necessary in order to achieve and maintain the highest level of function. (This may include assistance with an exercise program previously prescribed by another therapist for which the client requires ongoing supervision and revision.)
- Ongoing falls risk screening and assessments
- Provide information and tools necessary to promote safe and consistent participation in the prescribed program of exercise
- Referral to appropriate health care professionals when necessary

PAYMENT FOR SERVICES

Payment for fitness services provided by FULL OF LIFE FITNESS will be billed monthly at the rate of \$60 for the first 30 minutes per session and \$25 for each additional 15 minutes per session. The cost of services provided does not include fitness equipment required for use by the client, assistive devices, equipment or environmental changes required to reduce falls risk and promote functional independence.

SIGNED:

DATE:

By checking the "I Accept" box, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By selecting "I Accept" you consent to be legally bound this Agreement's terms and conditions.

I Accept.