



## Confidential Client Information Form

Welcome! Thank you for choosing us for your care.

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Phone # \_\_\_\_\_ Cell/Work/Home Phone # \_\_\_\_\_ Cell/Work/Home \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

### 1. Please rank your fitness goals:

\_\_\_ Healthy back spine                      \_\_\_ Relief from chronic condition                      \_\_\_ Relax and renew  
\_\_\_ Improved posture/balance                      \_\_\_ Core strength & flexibility                      \_\_\_ Other  
\_\_\_ Cross training in:

### 2. Current occupational and recreational activities:

### 3. Please check and describe any conditions/surgeries: (We will review together)

#### Spinal/Back ~ Please indicate what area of the spine:

Facet Joint Syndrome:	Spondylolisthesis:	S/I Joint pain: L ___ R ___
Fusions:	Stenosis:	Scoliosis:
Herniation:	Muscular Back Pain:	Other:

#### Upper Body:

Head: L ___ R ___	Frozen Shoulder: L ___ R ___	Arms: L ___ R ___
Neck: whiplash/other L ___ R ___	Thoracic Outlet : L ___ R ___	Wrists: L ___ R ___
Shoulder: Impingement L ___ R ___	Ribs: L ___ R ___	Hands: L ___ R ___

#### Lower Body:

Hips: L ___ R ___	Knees: L ___ R ___	Feet: L ___ R ___
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#### Other Conditions to be supported:

Breathing difficulty:	Chronic Fatigue:	Pregnancy - Current Months:
Abdominal Hernia:	Cardiovascular:	Birth Incident:
Osteopenia/Osteoporosis:	Glaucoma:	Post-partum symptoms:
Osteoarthritis/rheumatoid arthritis:	Digestive discomfort:	Pelvic Issue:
Neuro or neuro/muscular system:		



## Confidential Client Information Form - Continued...

4. How do you currently relieve stress or pain?

5. What else is important for us to know?

Client Initials

### **POLICIES**

	<b>CANCELLATION POLICY:</b> I understand that if I must cancel a scheduled appointment, I must notify Studio Soma, or cancel online at least 24 hours in advance or I will be held responsible for payment due. I will talk to my instructor in cases of emergency.
	All services purchased have expiration dates that range from 14 days to 1 year. I understand it is my responsibility to use my purchases within the time period specified.
	I understand that there are no refunds, but that exchanges on purchases can be made.

The information above is as complete and truthful as I can provide.

\_\_\_\_\_

Client's Signature

\_\_\_\_\_

Date

Parent/Guardian signature if client is under 18 years of age.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

Instructor's Notes:

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## Waiver of Liability & Informed Consent

**Client Initials**

	<p>1. I have willingly chosen to commit to my whole body health. I understand that participating in the physical conditioning methods offered at Studio Soma, including but not limited to <b>Pilates, Gyrotonic®</b>, and <b>Yoga</b> come with the risk of injury. I understand that I am responsible for my health and well-being, and that I must choose to act in a way that promotes my own health and well-being. I recognize that many changes may occur as a result of these exercise lessons, including possible short-term aggravation of some symptoms, feelings of tiredness, light-headedness, increased energy, mood changes, etc. I also understand that use of exercise equipment also carries with it risk of injury, and that I am responsible for learning and using the equipment safely.</p>
	<p>2. I understand that the body treatments offered by Studio Soma including but not limited to <b>Cranio Sacral, Massage, therapeutic bodywork, Trauma Release Exercises (TRE®)</b> are not designed to diagnose, prescribe, or treat any specific physical, chemical, or mental illness or imbalance. I further understand that the above may not be accepted by the FDA or the AMA as orthodox or accepted forms of treatment.</p>
	<p>3. I also understand that a medical evaluation is advisable before commencing any program of physical conditioning or exercise. I have and will keep Studio Soma fully informed of any physical condition or disability that would prevent or limit my participation in a physical conditioning program. I acknowledge that although the conditioning program I participate in may have substantial physical benefits, Studio Soma is not engaged in diagnosing or treating medical diseases or deficiencies.</p>
	<p>4. I expressly assume all risks of my participation in any movement or bodywork session offered at Studio Soma. I waive any claim that I might otherwise bring against Studio Soma as a result of injuries resulting from or relating to my participation in any movement or bodywork session.</p>

Printed Name

Signature

Date

Parent/Guardian signature if  
client is under 18 years of age.

Signature

Date