



ALIGN VAIL CLIENT INTAKE FORM

www.alignvail.com

Name _____ Date: _____
Best contact phone 1. _____ 2. _____
Email Address _____ Age ____ Sex M/F Date of Birth _____

BIOMECHANICS - movement, flexibility, alignment

Fill out the following table using instructions below

Column 1: List the physical issues you would like to address e.g. Low back pain
Column 2: Describe what makes your issue worse (any movement or position) e.g. Bending forward to pick up something from the floor
Column 3: Indicate how long you have had each issue. e.g. 5 years

Column 1 - Issue	Column 2 - Motion or positions	Column 3 - How long
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe any imbalances or weakness that you notice in your body:

STATE OF BEING - mental and emotional state

Please rate your stress level: Mild Moderate Severe
Comments: _____

Describe how you manage stress in your life: _____

INTERNAL FUNCTION - nutrition, hydration and rest

Briefly describe your routines/regimes in the following areas:

Nutrition _____

Hydration/Water intake/Alcohol intake _____

Rest from exercise and Sleep _____



Past medical history (use back of page if more space needed)

Use this section to list any medical conditions, accidents, broken bones and surgeries (specify R/L)

List any medications that you are currently taking and the reason for taking them:

List any allergies that you have: _____

Doctor's name _____

Are you currently undergoing any form of treatment eg. Medical, chiropractic, acupuncture, massage therapy, naturopathy? Yes No

If yes, please explain: _____

BUILDING YOUR OUTCOMES

Please rate your commitment level to creating optimal health:

- ____ High (I'm open and willing to change anything that will lead to an optimal state of health and well-being)
- ____ Moderate (I'm open to making a few changes)
- ____ Mild (I am not comfortable changing anything I am currently doing)

What do you feel is/are the biggest factor/s preventing you from healing?

How long do you imagine it may take to achieve your health and wellness goals? _____

Please provide any additional information you feel is relevant to your success at Align Vail:

How did you hear about us? _____

Terms and Conditions

I, _____, hereby agree to the following:

That I am participating in a one on one exercise program offered by Align Vail LLC (hereafter referred to as AV) during which I will receive information about health and fitness. I recognize that fitness programs require physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the one on one and group exercise program. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the one on one or group exercise program.

In consideration of being permitted to participate in the exercise program, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the program. If, however, I observe any unusual significant hazard during my participation, I will remove myself from participation and bring such to the attention of management.

In further consideration of being permitted to participate in the exercise program, I knowingly, voluntarily, and expressly waive any claim I may have against AV for injury or damages that I may sustain as a result of participating in the program.

I, my heirs or legal representatives release, waive, discharge and convent not to sue AV for injury or death caused by their negligence or other acts.

Scheduled time slots are of value and we often have wait lists for appointments. All Physical Therapy appointments and Group Sessions must be cancelled 4 days in advance in writing by email (alignvail@gmail.com) . You will receive a confirmation back acknowledging the cancellation. If you do not receive an acknowledgement within 24 hours then please do not consider the appointment cancelled and please follow up. Appointments cancelled with less than 4 day notice are subject to a charge for the session in full. A credit card will be retained on file, and I hereby grant permission to Align Vail, LLC to apply late cancellation charges to my card.

I have read the above terms and conditions and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

_____/____/____

Participant Signature Date

If participant is under 18:

AS LEGAL GUARDIAN OF _____, I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

_____/____/____

PARENT OR GUARDIAN SIGNATURE Date