

equilibrium mind-body fitness

NAME: _____ BIRTH DATE: _____

TELEPHONE: HOME _____ WORK _____ CELL/PAGER _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL ADDRESS: _____ PROFESSION: _____

Thank you for providing this confidential information, which will help us to instruct you safely and to advance and modify your personal exercise program as appropriate.

Have you had a recent medical evaluation? YES NO Are you menopausal or pre-menopausal? YES NO

Were the results satisfactory? (If no, please explain) YES NO Have you been taking thyroid medication or high doses of cortisone-like drugs for asthma, arthritis, or cancer? YES NO
If yes, what medications are you taking?

Have you had any traumatic injuries? YES NO If yes, please give date and occurrence:

Have you been diagnosed with Osteopenia? YES NO

Have you been diagnosed with Osteoporosis? YES NO If yes, what grade was identified and where?

Have you had past surgeries, illnesses, or accidents that have an impact on your ability to workout? (please explain)

List physical activities and sports you **currently** engage in:

Do you experience tension or pain or difficulties (if yes, please explain) YES NO

Are there any other issues you would like to bring to our attention?

Where does it hurt? NECK BACK KNEES BREATHING

WAIVER OF LIABILITY AND INFORMED CONSENT RELEASE

Consultation with a medical practitioner is recommended prior to beginning any program of regular exercise. I understand that this exercise and conditioning program, like any physical conditioning activity or exercise program, present some unavoidable risk of injury, especially to people who have pre-existing injuries, illness or medical disabilities. I understand that the use of exercise equipment also carries a risk of injury.

I have, and will continue to keep Equilibrium Mind-Body Fitness 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, neither Equilibrium nor its employees or its independent contractors are engaged in diagnosing or treating medical diseases or deficiencies. I expressly assume all risk of my participation in the special exercise program conducted by Equilibrium and waive any claim which I might otherwise bring against Equilibrium, its officers, directors, employees, trainees and contractors as a result of injury resulting from or relating to my participation in this special exercise program.

PLEASE PRINT YOUR NAME

YOUR SIGNATURE, OR PARENT/GUARDIAN IF UNDER 18

PRINT NAME OF EMERGENCY CONTACT AND RELATIONSHIP

TELEPHONE NUMBER OF YOUR EMERGENCY CONTACT

TODAYS DATE

SIGNATURE OF INSTRUCTOR

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How Did You Hear About Equilibrium? (please check one)

- FRIEND RELATIVE
please provide name so that we may offer them a complementary session

- PHYSICIAN CHIROPRACTOR WORD OF MOUTH
 INTERNET GOOGLE STOTT PILATES WEBSITE
 FACEBOOK BROCHURE CHARITY PROGRAM AD
 JEWISH NEWS EAGLE NEWSPAPER OTHER (please specify)

Main Reason for Coming to Equilibrium? (check as many as apply)

- IMPROVE STRENGTH IMPROVE POSTURE IMPROVE FLEXIBILITY
 STRONG ABDOMINALS LONGER LEANER MUSCLES
 STRESS REDUCTION REDUCE PAIN REHABILITATE INJURY
 WEIGHT LOSS CROSS TRAINING FOR ANOTHER SPORT
 SEEKING AN EXERCISE I ENJOY OTHER (please specify)

STUDIO POLICIES

Welcome to Equilibrium Studio. Please take a minute to read thoroughly.

We are honored, that with all of your exercise options, you have selected our studio. Thank you very much. We hope your experience with a private trainer will be fun, rewarding, and beneficial to your health and fitness.

These policies are designed to ensure that you have a successful training experience. Please read these policies carefully and direct any questions to your instructor today, or to the Equilibrium management team.

Please read the following and initial each line ONLY if you do not have any questions.

- | | |
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| <input type="checkbox"/> ARRIVAL: Please sign in at the front desk upon arriving. | <input type="checkbox"/> SILENCE PLEASE: As a consideration to others, and to ensure you are here in both mind and body, we ask that you keep conversations with other clients to a minimum. Please treat your conversation with your instructor as private communication by speaking in a quiet voice. |
| <input type="checkbox"/> LATE ARRIVALS: Our instructors are frequently scheduled into consecutive sessions, therefore, if you arrive late, lost time will not be made up at the end of your session | <input type="checkbox"/> CELL PHONES: We ask that you turn off cell phones and pagers before entering the studio |
| <input type="checkbox"/> CANCELLATIONS: To avoid being charged, 24 hour notice (not simply the day before) is required for ALL scheduled appointments. Monday appointments MUST be cancelled by Saturday 1pm. Whenever possible, we will try to fill your cancellation to avoid charging you, but in order to keep the quality of our teaching staff, we strictly enforce this policy. | <input type="checkbox"/> FRAGRANCE: For everyone's comfort and to protect the health of teachers and other clients with allergies, please refrain from using perfume or scented lotions before your visit. |
| <input type="checkbox"/> PACKAGE EXPIRATION DATE: All packages expire in three months, therefore, please purchase the package that most closely matches your exercise schedule. | <input type="checkbox"/> STANDING APPOINTMENTS: Time slots can be guaranteed with purchased packages. Inconsistent attendance, less than 90% use, may result in the loss of a standing appointment timeslot, regardless of 24 hour notice. |
| <input type="checkbox"/> SUBSTITUTE TEACHERS: If necessary, we reserve the right to provide you with a substitute trainer of the same level of experience. | <input type="checkbox"/> LOST & FOUND: Equilibrium shall not be responsible or liable for any articles lost, stolen, or damaged, in or about the studio. Items left in the studio are saved for 30 days and then donated to HAVEN, the Oakland County Shelter for abused women and children. |

DESK USE ONLY

- pilates soft constant contact newsletter list green referral book ccbl follow up