Above & Beyond

Physical Therapy, Pilates, and Consulting, LLC.

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Personal Training/Massage Program

Name:____Date of Birth:____________Age:__________

SSN: ______________________________Telephone:______________(Home)_____________(Cell)

Address:_____________________________________City:________________ ST:______ Zip:_______

Employer:____Work Tele:________________________

Occupation:____

Emergency Contact:____Tele:________________

Family MD: ___________________________Telephone Number:_____________________________

Address:____

(This section is optional and may be signed and dated by your physician, dentist, or podiatrist before the date of your fitness assessment.)

By signing below, I certify that the above listed person is medically able to participate in a fitness program that will be designed and implemented by a licensed Physical Therapist.

____ Physician's Signature

________________________ Date

Above & Beyond appreciates your cooperation in providing your clients with comprehensive service.

Today's Date:____________

How Did You Hear About Above & Beyond?

____MD Referral ____Insurance Co. ____Friend____ Website ____Other (________)

Reason for visit: ◻ Physical Therapy ◻ Personal Training ◻ Pilates ◻ Massage

Previous Pilates Experience?: Y/N ____

Previous Personal Training Experience?: Y/N ______________________________

Previous Massage Experience?: Y/N

Medical History

General Health (check one): ___Excellent ___Good ___Fair ___Poor

Have you had any **medical problems** or hospitalization in the past year (circle)? Yes No

If "yes", please specify:

1.____

2.____

3.____

Surgical History

Procedure:____

Date:____

Procedure:____

Date:____

Procedure:____

Date:____

Prescriptions/Medications:

____

Over-the-counter Medications:

____

Tobacco: Yes No If yes, please specify ppd: _____ years: _____

Alcohol: Yes No If yes, please specify: amount/day, week, or month: ________

Caffeine: Yes No # drinks/day __________

Past Injury/Problem History

	Date	Injury/Problem	Whom Seen	Treatment	Recovery Time
1.					
2.					
3.					
4.					
5.					

Present Injuries/Problems (if applicable):

Date of Injury/Onset:____

Body Part(s): ____

Mechanism of Injury/Onset:____

____

Type of Onset (check one): ____Gradual ____Sudden

Symptoms at the time of onset:____

____

____

Current symptoms: ____

Positions/activities that **aggravate** symptoms:

1.____

2.____

3.____

Positions/activities that **relieve** symptoms:

1.____

2.____

3.____

Present/Past Medical Conditions (circle):

Condition			Condition		
Asthma	Y	N	Heart Attack	Y	N
Arthritis	Y	N	Heart Disease	Y	N
Cancer	Y	N	Hernia	Y	N
Chemical Dependency	Y	N	High Blood Pressure	Y	N
Circulatory Disease	Y	N	Kidney Disease	Y	N
Depression	Y	N	Metal/Other Implant	Y	N
Diabetes	Y	N	Multiple Sclerosis	Y	N
Dizziness	Y	N	Nervous Disorder	Y	N
Eating Disorder	Y	N	Numbness	Y	N
Emphysema	Y	N	Osteoporosis	Y	N
Epilepsy	Y	N	Pregnancy	Y	N
Fainting	Y	N	Stroke	Y	N
Fatigue	Y	N	Thyroid Problems	Y	N
Headaches	Y	N	Tuberculosis	Y	N
Hepatitis	Y	N	Weakness	Y	N
Fever/Chills/Sweats	Y	N	Night Pain	Y	N
Unexplained Weight Change	Y	N	Dyspnea	Y	N
Nausea/Vomiting	Y	N	Dysuria	Y	N
Bowel Dysfunction	Y	N	Sexual Dysfunction	Y	N
Urinary Frequency Changes	Y	N			

Comments: ____

Has anyone in your immediate family been treated for any of the conditions listed above? If yes, please specify: ____

Current Recreational/Fitness Activities:

1.____

2.____

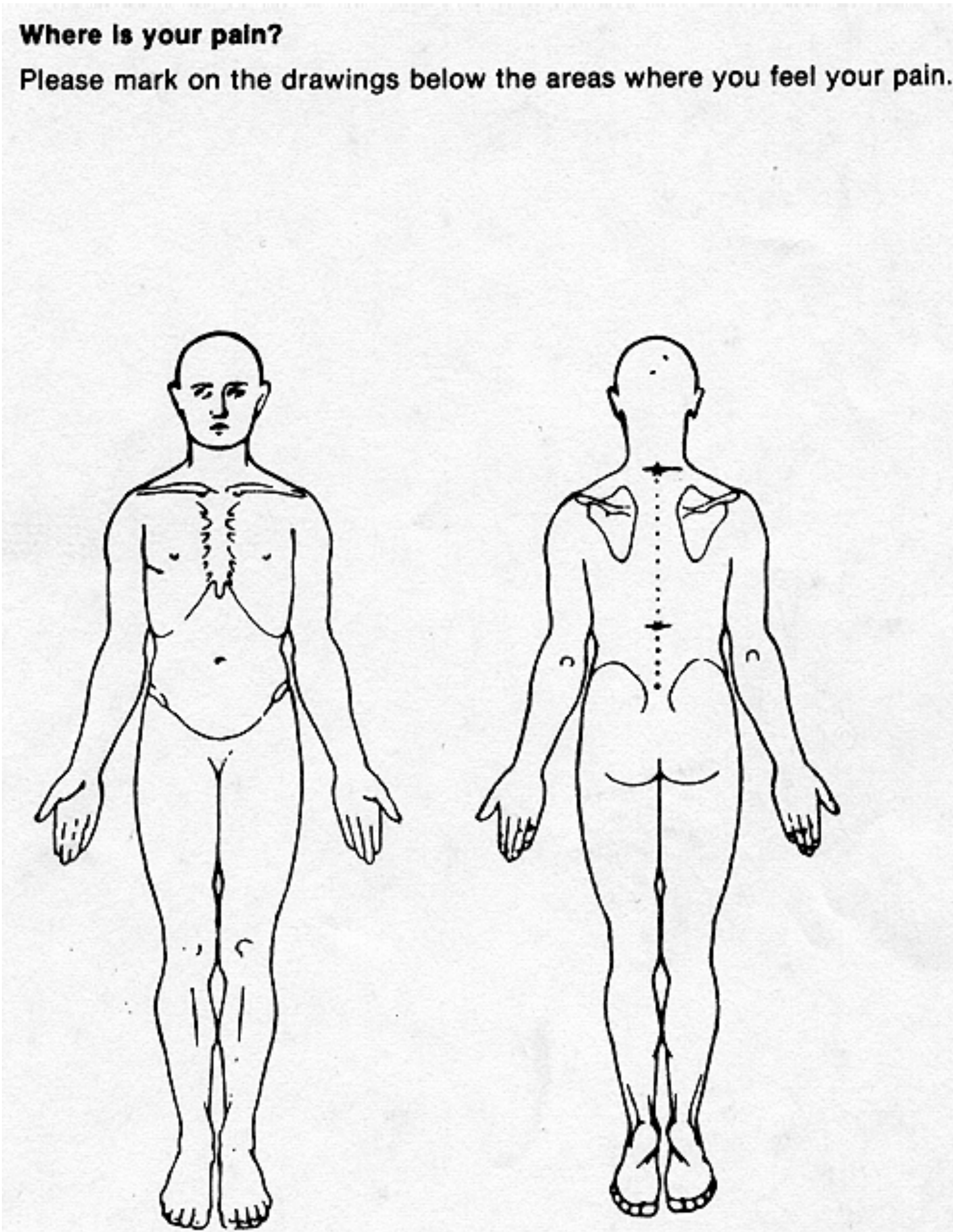
3.____

Goals for P.T./Pilates/Personal Training:

1.____

2.____

3.____



Where is your pain?

Please mark on the drawings below the areas where you feel your pain.

Office Policies

A full list of Above & Beyond's Office Policies and Pricing can be reviewed at

www.AboveandBeyondPT.com

Assumption of Risk and Release of Liability Agreement

I, the undersigned, assume all responsibility for and risk of damage or injury that may occur as a result of my own actions, inactions, or negligence, or that of others as a client of Above & Beyond. In consideration of and as part of payment for the right to participate as a client of Above & Beyond, I will hold harmless, and release and discharge all rights and claims for damages that I may have or that may hereafter accrue to me against Above & Beyond, its owners, employees, and agents for any and all injuries resulting from or arising out of, or incident to, my use of a Above & Beyond studio or location of instruction, or facilities and equipment in such place, or a result of, or incident to, engaging in Above & Beyond massage and/or exercises or otherwise following Above & Beyond instructions anywhere. The terms hereof shall serve as a release, indemnification, and assumption of risk for my heirs, executors, and administrators, and for all my members of my family.

By signing below, I certify that I am medically able to participate in a massage and/or fitness program and/or appropriate therapeutic exercise and have informed Above & Beyond of any conditions that may effect my participation with Above & Beyond.

I understand that I am participating in a personal training program, not a Physical Therapy program.

I have read, understand, and signed the foregoing assumption of risk and release of liability agreement.

Printed Name:____

Signature:____

Parent's Signature:____
(if less than 18 years of age)

Date:_____________

Witness: ____