#### **Information Sheet**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:

Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Iron Butterfly Pilates Based Physical Therapy Waiver, Release, and Assumption of Risk

## IMPORTANT GUIDELINES

**Obtain the clearance of your physician prior to beginning any new exercise program. To reduce the risk of injury, never force or strain. The instructions and advice presented in Iron Butterfly's Pilates Based Physical Therapy sessions are designed for persons who are in good health and physically fit. They are in no way intended as a substitute for medical or other counseling.**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Understand that I am to undergo a physical therapy evaluation and treatment for the following conditions:**

**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I acknowledge the evaluation will include active and passive motions that are joint specific and remote in nature. I understand the evaluation physical therapist will take all necessary precautions to ensure modesty and comfort during the course of the evaluation and subsequent treatments. I accept the responsibility to inform my physical therapist of what I am experiencing so as to attain and maintain clear and concise communication. (Initial)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I further understand the evaluation and subsequent treatment(s) will likely include an assortment of the following activities both on and off the Pilates equipment:**

**Passive / active range of motion**

**Strengthening/stretching exercises**

**Manual techniques (mobilizations, myofascial release techniques, massage)**

**Education**

**Modalities (ice, heat)**

**Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Initial)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Patient**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

# Iron Butterfly Pilates Exercise Waiver, Release, and Assumption of Risk

**For and in consideration of being allowed to participate in Iron Butterfly’s classes and programs, (the “Programs) I hereby represent, warrant and agree as follows:**

1. **I understand the nature of the Program and represent that I am in good health and in proper physical condition to participate in the Programs.**
2. **I understand that the Programs may involve a risk of bodily injury resulting from my own acts or omissions, the acts or omissions of other participants in the Programs, other third parties, or due to conditions in which the Programs take place. I fully and knowingly assume all such risks and responsibility for any loss, cost or damage I incur as a result of my participation in the Programs.**
3. **I understand that Iron Butterfly is not responsible for lost, stolen or damaged personal property of mine.**
4. **I understand that the Programs are designed to stimulate the heart, lungs, and other organs, the cardiovascular, nervous and circulatory systems, muscles, joints, ligaments, tendons, and the brain in an effort to improve mental and physical strength and functions. I acknowledge that I am responsible for advising Iron Butterfly and for consulting with my physician with respect to any past or present injury, illness, cardiovascular problem, mental problem, joint problem, or any other condition or medication that may affect or restrict my participation in the Programs or that may be affected adversely by my participation in the Programs**
5. **I hereby release and discharge Iron Butterfly, her successors, assigns, principals, and agents (collectively the “released Parties”) from any and all liability and responsibility for injury, illness, sickness or death that results from my participation in the Programs. I further agree to indemnify and hold harmless the Released Parties from any and all causes of action, damages, liabilities and costs whatsoever arising our of or contributed to by my participation in the Programs, including, without limitation, those related to any injury to me or others or damage to or loss of my property or the property of others.**
6. **This Waiver, Release and Assumption of risk will bind my heirs, executors and administrators.**

**I have read, understand and agree to the Waiver, Release and Assumption of Risk.**

**Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sign Here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### Appointment Cancellation Policy

* **If you are unable to keep a scheduled appointment, please call as soon as possible to cancel.**
* If you call 24 hours prior to the appointment, there is no cancellation fee.
* If you cancel within an hour or do not arrive for an appointment a full charge for services booked will be billed.

I agree to the above policy

Name……………………………………Date…………………….

Signature……………………………….

### **Physical Activity**

1. Please rate your activity level on an average day on a scale of 1 (very inactive) – 10 (very active)\_\_\_\_\_\_\_\_\_\_\_
2. Do you exercise regularly (3-5 times/week)\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How long has it been since you participated in a regular exercise program?\_\_\_\_\_
4. Describe your present and past exercise habits below beginning with the most current program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. What types of exercises do you like?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. What types of exercises do you dislike?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Do you like to workout?\_\_\_\_\_\_\_\_\_Why or why not?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. What was your reason for discontinuing your last program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Have you ever worked with a trainer before?\_\_\_\_\_\_\_\_\_\_How long?\_\_\_\_\_\_\_\_\_\_\_
10. What did you like and dislike about having a trainer?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Goals and Readiness for change assessment**

1. On a scale of 1 (low importance) – 10 (high importance) please rate the importance of the following:

Physical Fitness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Healthy Body Weight\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Health\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Appearance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nutrition\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stress Management\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which of these areas do you need to improve upon?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you plan to make these improvements?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What aspects of your life have you let take priority over your health?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to rearrange your priorities to make room for a health and fitness program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much time per week are you willing to commit to exercise?\_\_\_\_\_\_\_\_\_\_\_\_\_

How much time per week can you commit to working with a personal trainer?\_\_\_\_

##### **Goals**

Please list your top three health and fitness goals in order of importance

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you expect from your personal trainer? What do you need from your trainer?

**Medical History**

Have you ever had or currently have any of the following conditions:

Heart Disease or Irregularities Arthritis Musculoskeletal Injuries

High or Low Blood Pressure Seizures Depression/Anxiety

Stroke Metabolic Disorders Cancer

High Cholesterol Diabetes Transplants/failing organs

Lung Disease Hernia Other

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you receive yearly physical/stress tests/EKG?\_\_\_\_\_\_\_\_\_ Date of last test/physical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been under the care of a physician for any reason during the last year?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all medications\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a family history of any of the following (state the relationship of person w/ history)

Heart Disease\_\_\_\_\_\_\_\_\_\_\_\_ Diabetes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Arthritis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High/Low Blood Pressure\_\_\_\_\_\_\_\_\_\_\_\_\_Stroke\_\_\_\_\_\_\_\_\_\_\_\_\_\_Depression/Anxiety\_\_\_\_\_\_\_\_

High Cholesterol\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Osteoporosis\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cancer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lifestyle**

Do you smoke?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours of sleep each night\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you drink alcohol?\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Drinks per week\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate your stress level on a scale of 1(very little) – 10 maximum 1 2 3 4 5 6 7 8 9 10

What is your occupation?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you like your job?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hrs/Week\_\_\_\_\_

Describe your family/social life\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a Type A or Type B personality?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your hobbies?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Nutrition/Weight Control**

Present Weight\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maximum Weight\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Desired Weight\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight at 21 years old\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is weight loss easy or difficult for you and why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently dieting?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What type?\_\_\_\_\_\_\_\_\_\_\_\_\_Is it working?\_\_\_\_\_\_\_\_\_\_\_

What other diets have you tired and were they successful?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many meals per day do you eat?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you snack?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your eating habits:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_