



Fluidly Moving Body Works

Client Intake

NAME :

DATE OF BIRTH :

AGE :

OCCUPATION :

ADDRESS :

CITY :

STATE :

ZIP :

EMERGENCY CONTACT :

RELATIONSHIP :

PHONE :

SERVICE REQUESTED (CIRCLE) :

MASSAGE

FITNESS

HEALTH COACHING

COMBO

HAVE YOU HAD THIS TYPE OF SERVICE BEFORE :

YES

NO

DATE OF LAST SESSION :

DAILY WATER INTAKE IN OUNCES :

HEIGHT :

WEIGHT :

NUMBER OF HOURS OF SLEEP :

QUALITY OF SLEEP :

DESCRIBE DIET & CONCERNS :

GOALS/PURPOSE OF VISIT :

Health History | Please circle all that apply

Allergies

Bruise Easily

Fatigue

Pins/Pacemaker

Asthma/Emphesema

Cancer

Headache

Pregnancy

Arteriosclerosis

Depression/Anxiety

Heart Disease

Skin Problems

Arthritis/Gout

Diabetes

Hemophilia

Tobacco Smoker

High Blood Pressure

Dizziness

Insomnia

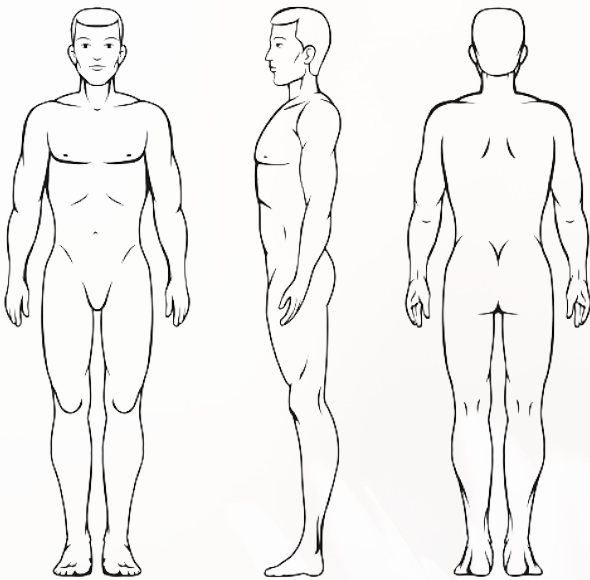
Stomach Ulcers

Low Blood Pressure

Epilepsy

Musculoskeletal Issues

Thyroid Dysfunction



Please circle any areas of discomfort and describe what areas you most want to focus on

ANY OTHER MEDICAL CONCERNS THAT WERE'NT IDENTIFIED ABOVE? _____

MEDICATIONS OR SUPPLEMENTS? _____

CURRENT EXERCISE PROGRAM?

YES

NO

CARDIO : _____

STRENGTH : _____

FLEXIBILITY : _____

Client Agreement and Disclaimers

We make every effort to ensure success for all clients. However, there is no guarantee that you will experience the same results and you accept the risk that such results differ by individual. You alone are solely and personally responsible for your results. Each individual's health, fitness, and nutrition success depends on his or her background, dedication, desire, and motivation. As with any health-related program or service, your results may vary, and will be based on many variables, including but not limited to, your individual capacity, life experience, unique health and genetic profile, starting point, expertise, and level of commitment. You acknowledge that you take full responsibility for your health, life and well-being, as well as the health, lives and well-being of your family and children (born and unborn, as applicable), and all decisions now or in the future.

Anita Hoy and Fluidly Moving Body Works strongly recommend that you consult with your physician before beginning any exercise program. You should be in good physical condition and be able to participate in the exercise. Anita Hoy and Fluidly Moving Body Works has no expertise in diagnosing, examining, or treating medical conditions of any kind, or in determining the effect of any specific exercise on a medical condition. You should understand that when participating in any exercise or exercise program, there is the possibility of physical injury. The information provided is not intended to be a substitute for professional medical advice, diagnosis or treatment.

You affirm that it is your choice to receive the services in this Agreement. You affirm that you are aware of the benefits and risks of massage, fitness training and health coaching and give your consent for such services. You understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or coaching. You acknowledge that massage therapy, fitness training and health coaching are not a substitute for medical care, medical examination or diagnosis. You have stated all medical conditions that you are aware of and will inform Anita Hoy and/or Fluidly Moving Body Works of any changes in your health status.

If you experience pain or discomfort during the services provided in this Agreement, you agree that you will immediately inform Anita Hoy and/or Fluidly Moving Body Works.

By your signature below, you affirm that you have answered all questions pertaining to your medical conditions truthfully.

CLIENT SIGNATURE : _____

DATE : _____

Release of medical records

You authorize the release of medical records or other health care information, including intake forms, chart notes, reports, correspondence, billing statements, and other written information to my attorneys, healthcare providers, and insurance case managers, for the purposes of processing my claims.

You also specifically authorize any and all other medical providers to release information to Anita Hoy and/or Fluidly Moving Body Works concerning my treatment with those providers. This release applies to all office and consultation notes, treatment or laboratory records and information concerning diagnoses of conditions which relate to your work with Anita Hoy and/or Fluidly Moving Body Works.

Liability Waiver

In no event will Anita Hoy and/or Fluidly Moving Body Works be liable for incidental or consequential damages resulting from or arising out of this Agreement or services rendered in relation to this Agreement. You also agree to hold Anita Hoy and/or Fluidly Moving Body Works harmless and free of all liability and responsibility for any adverse situation or damages directly or indirectly resulting from, relating to or arising out of any specific referral from, advice given or actions taken by Anita Hoy and/or Fluidly Moving Body Works or your work with Anita Hoy and/or Fluidly Moving Body Works arising out of this Agreement. By your signature below, you, as well as your heirs, executors, successors and assigns, hereby release, remise, waive and forever discharge Anita Hoy and/or Fluidly Moving Body Works, including without limitation their agents, assigns, officers, employees and successors, from every claim, suit, action, demand or right to compensation for damages you have or may have in the future arising out of, resulting from or related to the advice given or actions taken by Anita Hoy and/or Fluidly Moving Body Works under this Agreement or otherwise arising out of services provided by Anita Hoy and/or Fluidly Moving Body Works. Client hereby assumes all risks of loss(es), damage(s), or injury(ies) that may be sustained by him/her while participating in services provided under this Agreement. Client represents and warrants to Anita Hoy and/or Fluidly Moving Body Works that his/her physical condition allows him/her to safely be provided services under this Agreement.

CLIENT SIGNATURE : _____

DATE : _____