

Bradley Wellness, LLC
client information

Name: _____ Date of Birth _____

Home Address: _____ City: _____ State: _____ Zip: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

Email Address: _____

Emergency Contact: _____ Ph# _____

lifestyle information

Occupation: _____ Currently working: Y / N

What physical demands does your job require? _____

How many hours per week do you work? _____

How many hours per day do you sit in front of the computer? _____

Is your work space set up ergonomically correct? _____ please explain _____

Hobbies: _____

Dietary preferences/restrictions: _____

Sample of daily menu:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

What type of exercise do you engage in? _____

How often? _____

Duration and Intensity per session? _____

If you could do any type of exercise, what would you do? _____

Do you smoke? _____ If yes, how much? _____

Do you drink alcohol? _____ If yes, how much? _____

Do you use caffeine? _____ If yes, how much? _____

Do you use any other mind-altering substances? _____ If yes, how much? _____

Current prescribed medications you are taking: _____

Current vitamin or supplements you are taking: _____

Allergies (of any type): _____

medical health questionnaire _____ Bradley Wellness

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming more physically active.

If you are planning to become much more physically active than you are now, start by answering the questions below. If you are between 15-69 years of age, the questionnaire will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly:

Check **yes or no**

questions _____ yes no

- 1) Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- 2) Do you feel pain in your chest when you do physical activity?
- 3) In the past month, have you had chest pain when you were not doing physical activity?
- 4) Do you lose your balance because of dizziness or do you ever lose consciousness?
- 5) Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- 6) Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- 7) Do you know of any other reason why you should not do physical activity?

If you answered **YES** to one or more of these questions. Talk with you doctor by phone or in person **BEFORE** you start becoming more physically active or **BEFORE** you have a fitness appraisal. Tell you doctor about the questionnaire and which questions you answered YES.

-You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

-Find out which community programs are safe and helpful for you.

If you answered **NO** honestly to all the questions you can be reasonably sure that you can:

-Start becoming more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.

-Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Delay becoming much more active:

-If you are not feeling well because of a temporary illness such as a cold or fever – wait until you fell better: or

-If you are or may be pregnant – talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

additional questions _____ yes no

- 8) Have you ever had a history of respiratory or lung problems?
- 9) Are you currently on any medications that directly affect the heart, lungs or Circulatory system (ie. Blood pressure medication)?
If yes, please list _____

- 10) Do you have high cholesterol?
- 11) Do you know what your cholesterol scores are?
Total cholesterol? _____
HDL? _____
- 12) Do you have a chronic illness or condition?
- 13) Do you have a hernia, or any condition that may be aggravated by lifting weights?
- 14) Do you smoke? If yes, how many packs a day? _____
- 15) Have you had surgery within the past 12 months?
- 16) Do you have a thyroid problem?
- 17) Are you currently pregnant or have been within the past 3 months?

If you have answered YES to any of the above questions, please explain below and have your physician complete the Physician Release form on the following page. Also, please list any information that you feel I should know before setting you up on an exercise program:

Person to be contacted in case of emergency: _____
Phone: (H) _____ (C) _____ (W) _____

Physician's Name: _____ Phone: _____
Address: _____

I understand this Medical History Questionnaire serves as a preliminary screening resource to assist professionals in the determination of client risk to exercise. If the information above indicates an increased risk for exercise, I authorize Bradley Wellness, LLC and Kelly Bradley to contact my physician for approval and recommendations for my exercise program. If I am at risk and have not received medical clearance, I understand I cannot engage in any sessions or physical therapy test or treatment or receive recommendations from Kelly Bradley. I will participate in private sessions aware of my risk and may seek only instructional advice from Kelly Bradley. I agree that Bradley Wellness, LLC and Kelly Bradley shall not be liable for any injuries or damages arising from private sessions or use of studio equipment. If client is under 18 years of age, this consent must be signed by a Parent/Guardian.

signature _____ date _____

physician release _____ **Bradley Wellness**

To be completed only if you answered yes on the medical health questionnaire.

Dr. _____

Your patient _____ would like to begin a Pilates / Gyrotonic / Yoga / Movement Therapy / Exercise program under the direct instructions and supervision of licensed physical therapist, Kelly Bradley, MSPT, CNC, CHHC, certified gyrotonic, pilates and yoga instructor. After reviewing his/her response to the screening questionnaire, your medical opinion and recommendations concerning his/her participation in Pilates / Gyrotonic / Yoga / Movement Therapy / Exercise would be greatly appreciated.

If you are unfamiliar with Gyrotonic or Pilates exercises and would like more information, please do not hesitate to contact me at 202-320-5025.

Please provide the following information and return this form to Bradley Wellness, LLC. fax#: 301-652-7217.

Are there any specific concerns or conditions that I should be aware of before this individual begins participating in Gyrotonic, Pilates, Yoga, Movement Therapy or Exercise?

Yes _____ No _____

If yes, please specify: _____

This individual may participate in Gyrotonic, Pilates, Yoga, Movement Therapy or Exercise.

Yes _____ No _____, because _____

physician's signature _____

physician's printed name _____

address _____

phone _____ *fax* _____

Thank you with your help getting your patient started on a Gyrotonic, Pilates, Yoga, Movement Therapy and Exercise program.

Kelly Bradley, MSPT, CNC, CHHC, CPI, RYT

waiver of liability and informed consent release_____Bradley Wellness

This release, Waiver and Hold Harmless Agreement is made by and between the undersigned and Bradley Wellness, LLC, and entered into on the day, month and year noted below.

1. Participation in Gyrotonic exercise, Pilates exercise, Movement Therapy and other forms of Exercise could lead to physical injury to the client.
2. Client desires to undertake Bradley Wellness’ program with the full knowledge of the possibility that physical injuries could result from it and desires to assume the risk of any such injury.
3. The parties recognize that Bradley Wellness will not be able to and will not provide its program to clients without the execution of this agreement.

Therefore, client, in consideration of the above and of the exercise sessions to be provided, hereby waives all claims for damage or loss to person or property which may be caused by any act, or failure to act, of Bradley Wellness. Client assumes the risk of all dangerous conditions in and around the premises and waives any and all specific notice of the existence of such conditions. Client also assumes the risk of any and all injuries that might result from participating in Bradley Wellness’ exercise programs.

In consideration of my participation in Bradley Wellness’ exercise program, I, _____, hereby release Bradley Wellness, from any claims, demands and causes of action arising from my participation in the exercise program. I hereby affirm that I have read and fully understand the above, am over eighteen years of age or am a legally emancipated minor.

Cancellation Policy:

I understand that all sessions are by appointment only. If I must cancel a scheduled appointment I will call at least 24 hours in advance to allow you to fill the time slot. I understand that if I cancel less than 24 hours in advance, I will pay the fee for my scheduled session.

_____ Today’s Date _____ Client Signature

_____ Client Name (print)

_____ Client Address

_____ Client phone

For Minors only

The undersigned is a parent or legal guardian of _____ (Client herein), and his/her behalf, hereby agrees to all the conditions set forth above.

_____ Today’s Date _____ Parent/Guardian Signature

