

BODY DYNAMICS, INC.

- ♦ Manual, Orthopaedic, and Performing Arts Physical Therapy ♦
- ♦ Polestar® Certified Pilates-based Rehabilitation and Conditioning ♦

Weight Management Program General Information

Date: _____ How did you hear of us? _____ Name _____

Name: Last: _____ First: _____ M.I.: _____

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

Age: _____ Gender: _____ Marital Status: _____ Occupation: _____

Date of Birth: ____/____/____ SSN: _____

Phone: Home: _____ Work: _____

Other: _____ E-Mail: _____ @ _____

Emergency Contact Name: _____ Phone: _____

Physician Name: _____

Address: _____

Phone: _____

If you would like us to keep your credit card on file to process after services are rendered please fill out info below.

Please circle one: Mastercard Visa American Express

Credit Card Number _____ Expiration _____

Signature _____ Date _____

Have you ever worked with a dietitian/nutritionist? Yes No

If Yes, Where/When: _____

Previous Pilates Experience? Yes No

If Yes, Where/When: _____

Previous Yoga Experience? Yes No

If Yes, Where/When: _____

Previous Personal Training Experience? Yes No

If Yes, Where/When: _____

Are you currently engaged in a regular exercise program? Yes No

Please describe: _____

Are you interested in Private Training/Home Exercise Program/Group Classes (circle all that apply)?

Comments: _____

Has any one in your immediate family been treated for any of the conditions listed on the previous page? If yes, please specify:

Has there been a change in your diet due to health in the past 12 months: _____ Yes _____ No

Diet change reason: overweight/obesity _____ high blood pressure _____ high cholesterol _____

Heart disease _____ diabetes _____ allergies _____ ulcer _____ cancer _____

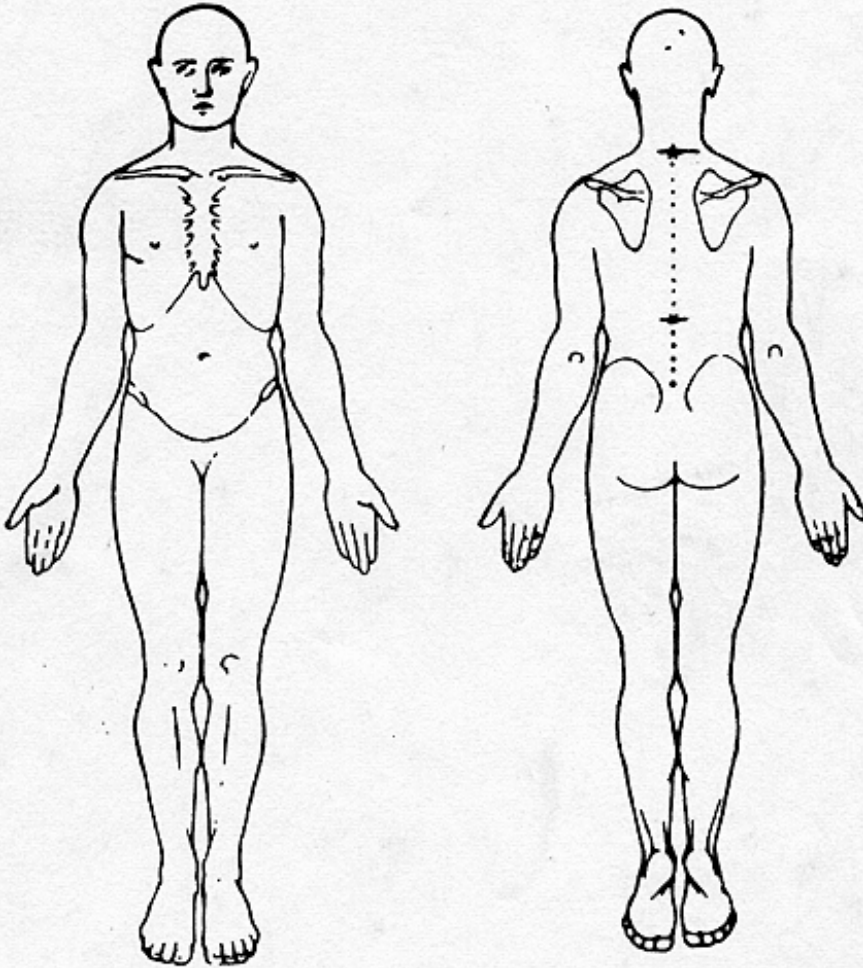
Pregnancy _____ health in general _____ stress _____ depression _____

Life change _____ other _____

List your goals of nutrition counseling _____

Where is your pain?

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



Current Recreational/Fitness Activities: 1. _____
2. _____
3. _____

Goals for P.T./Pilates/Personal Training: 1. _____
2. _____
3. _____

FOOD FREQUENCY QUESTIONNAIRE

How often do you eat the following foods per week?

Food	Times per week	Food	Times per week	Food	Times per week
Eggs		Bread		Cake/Cookies/Brownies	
Cheese		Nuts		Ice Cream	
Milk		Rice/Pasta		Frozen Yogurt	
Yogurt		Beans		Water	
Cottage Cheese		Bacon/Sausage		Coffee/Tea	
Pizza		Potatoes		Soda	
Red Meat		Frozen Dinners		Alcohol	
Chicken/Turkey		Fast Food/Carryout		Fruit Juice	
Pork/Ham		Fried Food		Fruits	
Fish		At Restaurant		Vegetables	
Soy Products		Dietary Supplements		Salty Snacks-chips, pretzels, etc	
Margarine/Butter		Oil		Cereal	
Luncheon Meats/Hotdogs		Mayonnaise		Ethnic Food (Chinese, Mexican, Thai, etc)	
Liver/organ meats		Shrimp/clams, etc.		Other	

1) How often do you eat out at restaurants? _____

2) How often do you eat at your desk? _____

3) How often do you eat in your car? _____

4) Where do you eat dinner and other meals while at home? _____

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Weight Management Program

Financial Policy

1. All payments must be made prior to training session. BDI accepts cash, checks, and the following credit cards: VISA, Mastercard, Discover, and American Express.
2. **Cancellation policy:** Because of limited times available and high demand, it is necessary to enforce a strict cancellation policy.
 - a. If a client cancels at least 24 hours prior to the appointment, there is no charge.
 - b. If a client cancels less than 24 hours prior to the appointment or does not show, the client will be charged a \$50.00 fee.
3. **Late Policy:** BDI strives to give you our fullest attention during your allotted time. Your respect of other client's time is appreciated and sessions will end promptly as scheduled. Late arrivals are responsible for the full fee of the session.

Fee Schedule

Client

Date

Witness

Date

Assumption of Risk and Release of Liability Agreement

I, the undersigned, assume all responsibility for and all 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 Body Dynamics, Inc. In consideration of and as part of payment for the right to participate as a client of Body Dynamics, Inc., 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 Body Dynamics, Inc., its owners, employees, and agents for any and all injuries resulting from or arising out of, or incident to, my use of a Body Dynamics, Inc. studio or location of instruction (e.g. The Kirov Academy), or facilities and equipment in such place, or as a result of, or incident to, engaging in Body Dynamics, Inc. exercises or otherwise following Body Dynamics, Inc.'s 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.

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

Print Name

Address

Phone- Day

Phone- Evening

Signature

Date

Signature of Parent/Guardian- if less than 18 years old

Date

Witness

How did you hear about us?

Body Dynamics, Inc Full Disclosure/Client Rights

Dear Body Dynamics Client:

Body Dynamics, Inc. is committed to providing you with the highest quality clinical care for physical therapy, health promotion, fitness and wellness. Our goal is to help you achieve and maintain your maximum potential for a vibrant, productive, and healthy lifestyle. To that end, BDI integrates the expertise of a variety of health care professionals, including physical therapists, massage therapists, acupuncturists, personal trainers, athletic trainers, pilates and other fitness instructors, and registered dietitians.

Our Associates have chosen to work together to create a center for excellence for rehabilitation, health promotion, fitness, and wellness. We hold ourselves to the highest standards within our given areas of expertise. BDI supports and creates many opportunities for continued professional development and education, integration of best practices and latest evidence, and collaboration among staff members. When clients participate in multiple services, we emphasize coordination of care and communication among service providers.

During the course of your care, additional services may be recommended to you. These recommendations will be based on objective findings and the clinical expertise of the Associate you are seeing. Upon receiving such recommendations, please be advised that you have the right to:

- Decline the recommendations;
- Accept the recommendations, and request collaboration with your own providers;
- Accept the recommendations, and request collaboration with BDI's providers.

If at anytime during the course of your care at BDI, you are not achieving your goals – we will re-assess your case, revise your plan of care as necessary, or refer you to another provider outside of Body Dynamics.

We believe that integrated care that is immediately responsive to clients' needs is a vital part of the future of healthcare. We also recognize that you have the right to choose what services you will receive, where you will receive them, and from whom.

When entering into a service at Body Dynamics, we recognize the inherent trust that you place in us to make appropriate recommendations based on our expertise and the best available evidence. We pledge to hold that trust inviolate.

If you have any questions regarding this disclosure or your client rights, do not hesitate to contact me.

Sincerely,

Jennifer M. Gamboa, DPT, OCS, MTC
President/Director of Clinical Services

Client Signature: _____ Date: _____