

BODY DYNAMICS, INC.

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

Private Training 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 _____

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

Name: _____ Age: _____ Occupation: _____

Reason for visit: Physical Therapy Personal Training Pilates

Medical History

General Health (check one): Excellent Good Fair Poor

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

If "yes", please specify: 1. _____
2. _____
3. _____

Surgical History: Procedure: _____ Date: _____
Procedure: _____ Date: _____

Prescriptions Medications: _____

Over-the-counter Medications: _____

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

Alcohol (circle): Yes No If yes, please specify: amount/day, week, or month: _____

Caffeine Yes No # drinks/day _____

During the past month have you felt down, depressed, or hopeless? Yes No

During the past month, have you lost interest or pleasure in doing things? Yes No

Is this something with which you would like help? Yes No Yes, but not today

Past Injury/Problem History

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

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 (**aggravate/relieve**): _____

Present/past medical conditions (circle):

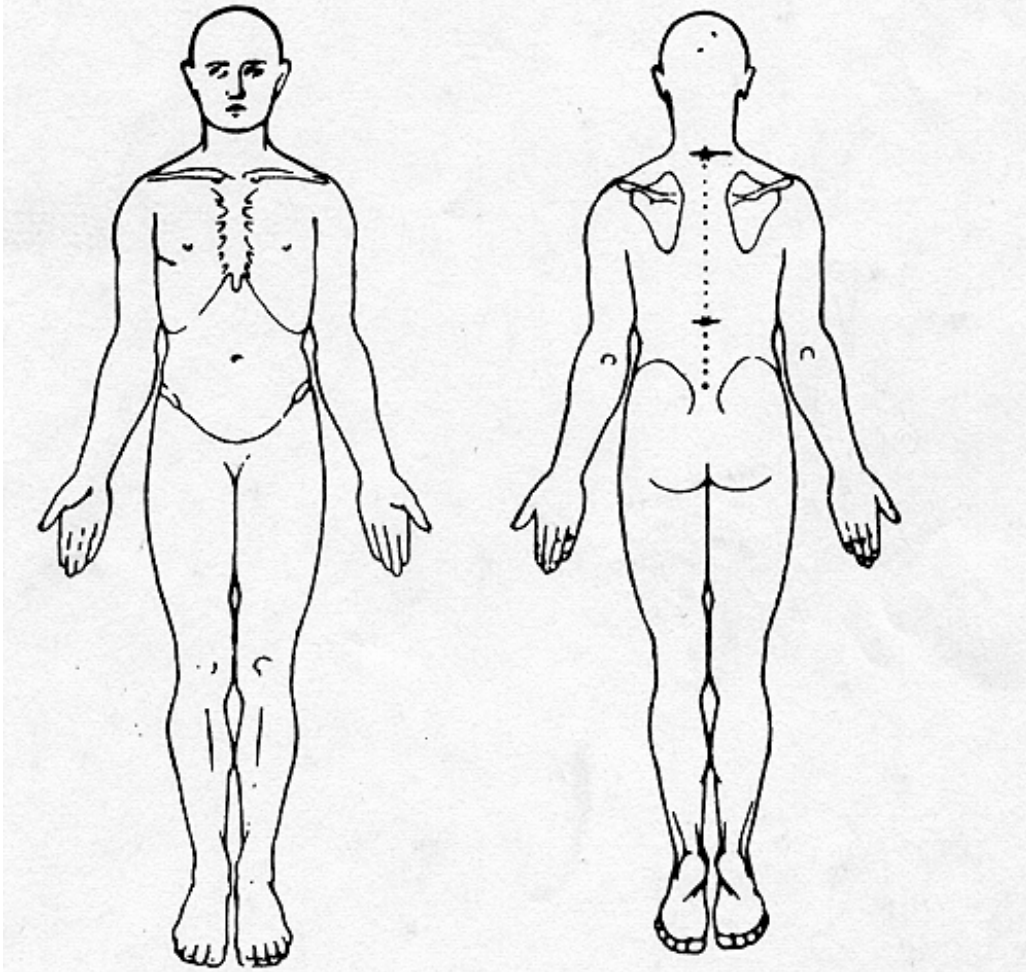
Asthma	Y	N	Heart Attack	Y	N
Arthritis	Y	N	Heart Disease	Y	N
Cancer	Y	N	Hernia	Y	N
Chemical Dependency	Y	N	High Blood Pressure	Y	N
Circulatory Disease	Y	N	Kidney Disease	Y	N
Depression	Y	N	Metal/other implant	Y	N
Diabetes	Y	N	Multiple sclerosis	Y	N
Dizziness	Y	N	Nervous Disorder	Y	N
Eating Disorder	Y	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 any one in your immediate family been treated for any of the conditions listed on the previous page? If yes, please specify:

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. _____

BODY DYNAMICS, INC.

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

Polestar Certified Pilates-based (PSP) Conditioning 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 fee that is equivalent to the cost of one full session.

Please initial that you have read and understand our cancellation policy _____

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. If a patient is more than 15 minutes late, we reserve the right to reschedule.
4. **Professional Services Fee:** Based on experience and credentials, senior instructors have an additional fee on top of the base rates listed below. Pricing is subject to change.

Fee Schedule

PSP Conditioning

Screening with Physical Therapist/Introduction*	55 minutes	\$150.00
Private Training Session	55 minutes	\$80.00
Semi-private session (must be two clients)**	55 minutes	\$49.00/per client

Training Packages ***

10 private training sessions (must be used within 12 weeks of purchase)	\$720.00
10 semi-private training sessions (must be used within 12 weeks of purchase)	\$490.00

- * All new clients must have an on-site physical therapy needs assessment prior to beginning any conditioning program offered by Body Dynamics. This screening will be provided by a physical therapist who will assess your posture, strength, and flexibility. Based on these findings, the physical therapist will make recommendations to your Polestar Pilates Certified Practitioner, who will design your individualized program. This is not a physical therapy session, and cannot be billed to insurance.
- ** Semi-privates are only applicable if two clients agree to come in together and their needs are compatible. If a partner cancels, remaining client is responsible for the full charge of the session.
- *** All package purchases are final. No refunds will be issued.

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 dieticians.

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: _____