

# New Client Intake Form and Waiver of Liability, Policies and Informed Consent Release

To better serve your health and fitness needs, we ask that you please take a few minutes to complete this form. **PLEASE PRINT CLEARLY.** Thank you!

NAME \_\_\_\_\_ TODAY'S DATE \_\_\_ / \_\_\_ / \_\_\_

ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_ / \_\_\_ / \_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

EMAIL: \_\_\_\_\_

The studio sends a newsletter every other month with updates, specials, and new offerings. \* **Would you like to receive InsideOut's newsletter?**  YES  NO

**How do you prefer to receive appointment and class notifications?**  Text  Email  Text and Email

*Notifications include: scheduled appointments and reminders, class waitlists, series 1-month expiration notices and birthday credit.*

EMERGENCY CONTACT: \_\_\_\_\_ PHONE # \_\_\_\_\_

HOW DID YOU HEAR ABOUT *INSIDEOUT BODY THERAPIES*? (Check one)

- Internet     Indy Week     Other: \_\_\_\_\_  
 Scout Guide     Referral: \_\_\_\_\_ *(Please provide name for referral credit.)*

Services of interest: <input type="checkbox"/> Pilates <input type="checkbox"/> Pilates-Based PT <input type="checkbox"/> Rolwing® <input type="checkbox"/> Massage Therapy <input type="checkbox"/> TRX® <input type="checkbox"/> Acupuncture <input type="checkbox"/> Other _____
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1. What specific fitness or health goals do you hope to achieve?

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

2. Please list all previous and current physical activities/exercise?

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

3. Describe your present physical condition. Do you currently experience pain?

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

4. Please list any significant injuries, surgeries, medical treatments, ailments, pregnancies, or illnesses. Check all body parts that are involved and indicate (R) right or (L) left, where appropriate.

\_\_\_ Head/Neck    \_\_\_ Arm/Elbow    \_\_\_ Upper Back    \_\_\_ Abdomen    \_\_\_ Knee

\_\_\_ Shoulder    \_\_\_ Hand    \_\_\_ Mid/Low Back    \_\_\_ Hip/Pelvis    \_\_\_ Foot/Ankle

\_\_\_ Low/High Blood Pressure    \_\_\_ Fibromyalgia    \_\_\_ Osteoporosis / Osteopenia

Other: \_\_\_\_\_

## Waiver of Liability, Policies and Informed Consent Release:

**PLEASE READ CAREFULLY AND INITIAL.** (Please print) Name: \_\_\_\_\_

### 24-HOUR CANCELLATION POLICY:

InsideOut Body Therapies has a 24 hour cancellation policy. Practitioners work hard to stay on schedule and respect your time, please give as much notice as possible to give the practitioner time to try to fill the hour. **No-show and Late Cancelled appointments will be charged. Rates and Polices listed below.**

**BODY WORK, PHYSICAL THERAPY, ACUPUNCTURE:** One (1) late cancellation per calendar year without charge allowed for all bodywork and Pilates-Based Physical Therapy (PBPT) sessions. Afterwards, rates are:

- \$50 charge for late cancels and no shows for Physical Therapy and Acupuncture.
- \$35 charge for late cancels and no shows for Massage Therapy.
- After 3 late cancels or "no shows", clients will be responsible for the FULL COST of the session.
  - I understand the late cancel policy. **Please initial:** \_\_\_\_\_

**PILATES: / PERSONAL TRAINING:** Two (2) late cancellations per calendar year without a charge are allowed for movement classes and private sessions. Late Cancel Fees for classes and private Pilates sessions are charged at the rate of your package or at the drop-in rate if you do not have a package.

- I understand the late cancel policy. **Please initial:** \_\_\_\_\_

### PACKAGE EXPIRATION POLICY:

**All packages have a six-month expiration date.** Package extensions can be purchased for 1-month only prior to the expiration date for \$15 or package balances can be converted to IOBT Account dollars to use towards future services. **Please initial:** \_\_\_\_\_

### REFUND POLICY:

Package **refunds** will be honored on unused sessions within 30 days of purchase minus a 5% transaction fee. After 30 days, 10% of the remainder of the package will be deducted from the refund amount. Absolutely no refunds will be honored after the expiration date. **Please initial:** \_\_\_\_\_

- I understand that the Pilates/Rolfing®/Acupuncture/Yoga/Massage Therapy (heretofore referred to as "Body Therapies") I receive are provided for the purpose of relaxation, stress reduction, relief of muscular tension, and the balancing/aligning of the body. If I experience any pain or discomfort during this/these session(s), I will immediately inform the practitioner so that the pressure and/or procedure may be adjusted to my level of comfort. I understand that if I feel discomfort and/or pain in class situations, I will stop and inform the instructor. I will choose class levels appropriate for my fitness and working ability.
- I understand that a medical evaluation is advisable before beginning any program of physical conditioning or exercise. I have or will continue to keep InsideOut Body Therapies, LLC informed of any physical condition or disability, which would prevent or limit my participation in an exercise, physical conditioning, and/or bodywork. I acknowledge that, although the program I participate in may have substantial physical benefits, neither InsideOut Body Therapies, LLC nor its employees/contractors are engaged in diagnosing or treating medical diseases or deficiencies, nor do sessions serve as a substitute for medical diagnosis or treatment when such attention is needed.
- Because Body Therapies are contraindicated (should not be done) under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so.
- I expressly assume all risks of participation in the exercise and bodywork programs at InsideOut Body Therapies, LLC. I recognize that though many positive changes can occur as a result of exercise and bodywork there is the possibility of negative side effects including possible short-term aggravation of some symptoms, tiredness, light-headedness, increased energy, mood changes, etc. I understand that I am responsible for attending classes at the appropriate level of difficulty.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or consenting adult if a minor: \_\_\_\_\_