

Corrective Exercise Intake Form

Name: _____

Age: _____

I. PAR-Q (Physical activity Readiness Questionnaire)

Yes No

1. Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?
2. Do you feel pain in your chest when you perform physical activity?
3. In the past month, have you had chest pain when you were not performing 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 any medication for your blood pressure or for a heart condition?
7. Do you know of any other reason why you should not engage in physical activity?

****IF you have answered YES to any of the above questions, consult your physician before engaging in physical activity.****

II. General Lifestyle Information:

Yes No

8. What is your occupation? _____
9. Does your occupation require extended periods of sitting?
10. Does your occupation require repetitive movements?
If yes, please explain:
11. Do you participate in any recreational activities or hobbies?
If yes, please explain:

III. Medical History:

Yes No

12. Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension, high cholesterol, or diabetes?
If yes, please explain:

III. Goals:

13. What goals do you have regarding these sessions? / What do you hope to accomplish?

Consent for Exercise

I, the undersigned, give my consent to participate in a corrective exercise program with Deborah Kimmet Massage & Movement, LLC.

- I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above mentioned program. I certify that I know of no medical condition that would increase my risk of illness and injury as a result of participation in the program. If I am taking prescribed medications, I have already disclosed this and further agree to promptly disclose to Deborah Kimmet any changes which my doctor or I have made with regard to use of these medications.
- I recognize that the program requires physical exertion and as such, the remote possibility exists during exercise of adverse changes including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and in very rare instances heart attack, stroke, or even death. I further understand there is risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons, and joints of the body. Every effort will be made to minimize these occurrences by proper staff assessments of my condition before each corrective exercise session, staff supervision during exercise and by my own careful control of exercise efforts. I fully understand the risks associated with exercise, but knowing these risks, it is my desire to participate.
- I understand that if, during the session, I experience symptoms such as fatigue, shortness of breath, chest discomfort, or similar symptoms, that I am to immediately inform Deborah Kimmet and decrease or stop exercise.
- I understand that this program may or may not benefit my physical fitness or general health.
- I agree to assume full responsibility for any risks, injuries or damage known or unknown which I might incur as a result of participating in the program. I understand the risk of my participation in this activity, and knowing and appreciating these risks I voluntarily choose to participate, assuming all risk of injury or even death due to my participation.

By signing this form, I have provided accurate information, I agree to the terms outlined above, I understand that I am personally responsible for my actions during my corrective exercise training, and that I waive the responsibility of Deborah Kimmet should any injury or death incur as a result of my negligence.

Client Signature* _____ Date _____

*A typed full name is also a valid signature.