

CLIENT INFORMATION QUESTIONNAIRE

All information received on this form will be treated as strictly confidential. Please fill out the forms **completely and accurately**. This information is essential to developing a program that addresses your needs, goals, and interests and is safe and effective.

Name:	_____	Date of Birth	___/___/___	Age:	_____
			M D Y		
Address:	_____				
	Street	City	State	Zip Code	
Phone: (home)	_____	(wireless)	_____	(fax)	_____
Email address:	_____				
Occupation:	_____				
Emergency Contact:	_____	Relationship:	_____		
Phone Number:	_____				
Physician's Name:	_____	Physician's Phone:	_____		
Physician's Address:	_____				
	Street	City	State	Zip Code	

Please provide 24 hours notice if you need to cancel or reschedule your appointment.

Barbara Loomis, RES, LMT
1715 E Burnside st
Portland, OR 97214
503-341-0663
www.nuturance.net



PAR-Q FORM

Please mark YES or No to the following:

YES NO

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?

Do you frequently have pains in your chest when you perform physical activity?

Have you had chest pain when you were not doing physical activity?

Do you lose your balance due to dizziness or do you ever lose consciousness?

Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)?

Are you pregnant now or have given birth within the last 6 months?

Have you had a recent surgery?

Please include information on ANY surgeries (cosmetic, outpatient, injury repair, reconstructive, laparoscopic, etc.), injuries, pregnancies, deliveries, cesareans, etc.

Do you take any medications, either prescription or non-prescription, on a regular basis? Circle.....Yes / No

What is the medication for? _____

How does this medication affect your ability to exercise?

Please indicate your top 3 goals for your exercise session today:

1) _____ 2) _____ 3) _____

PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

- 1) I, _____, wish to participate in the exercise and training program offered by Barbara Loomis, Restorative Exercise Specialist. I understand there are inherent risks in participating in a program of strenuous exercise. Consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program within sixty (60) days of the date set forth below. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in the fitness program. If a physician has not examined me, I agree to see a physician within sixty (60) days of the date set forth below to obtain his/her approval for my participation in a fitness program. I agree that the Barbara Loomis and Restorative Exercise, Inc. shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, at the training studio, outdoors, or at a corporate, commercial, residential or other fitness facility) and I expressly release and discharge Barbara Loomis, Nurturance, Restorative Exercise, Inc., its owners, employees, agents and/or assigns, from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators, and assigns.

I have read and understand this term: _____ (initial)

2) I certify that the answers to the questions outlined on the PAR-Q form are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered "Yes" to any of the questions on the PAR-Q form. I understand and agree that it is my responsibility to inform the instructor of any conditions or changes in my health, now and on going, which might affect my ability to exercise safely and with minimal risk of injury.

I have read and understand this term: _____ (initial)

3) I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform the instructor.

I have read and understand this term: _____ (initial)

4) I understand the results of any exercise program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

I have read and understand this term: _____ (initial)

5) I understand that all private session rates are based on 30 or 60 minute sessions and should I arrive late, there is no guarantee I will receive the full session with the instructor. In return, if the instructor is late for a session, I will still receive the full session time.

I have read and understand this term: _____ (initial)

6) I understand that Barbara Loomis operates on a scheduled appointment basis for all personal sessions and thus, requires that I provide 24 hours notice when canceling an appointment. No charge will be levied should I cancel with MORE than 24 hours notice given.

I have read and understand this term: _____ (initial)

7) I understand that during an exercise session, the instructor may have to use Touch Training to correct alignment and/or to focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with Touch Training, I will immediately request that the instructor discontinue using this technique.

I have read and understand this term: _____ (initial)

I have read this Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

CLIENT

DATE

Whom may we thank for referring you? _____

Name: _____

Please check all conditions you have encountered throughout your lifetime.

Head/neck

- TMJ/Teeth grinding
- Jaw pain
- Headaches
- Neck Pain
- Hearing/Vision loss
- Sinus infections/Allergies
- Thyroid dysfunction
- Other _____

Neurological/Limbic

- Alzheimer's
- Memory loss
- Brain fog
- Anxiety/Panic Attacks
- Depression
- Other _____

Right Shoulder

- Rotator cuff injury/pain
- Shoulder impingement
- Shoulder injury/pain
- Other _____

Spine-Upper Back

- Upper back pain/injury
- Other _____

Left Shoulder

- Rotator cuff injury/pain
- Shoulder impingement
- Shoulder injury/pain
- Other _____

Lymphatic

- Lymphoma
- Lymph node swelling
- Breast cancer
- Fatigue
- Other _____

Cardiovascular

- High blood pressure
- High cholesterol
- Stroke
- Heart disease
- Other _____

Respiratory

- Asthma
- COPD
- Shortness of breath
- Lung disease
- Other _____

Right Arm/Hand

- Carpel tunnel
- "Tennis Elbow"
- Numbness in hand
- Hand always cold
- Other _____

Digestive

- Constipation/Diarrhea
- Acid Reflux/Heartburn
- Diverticulitis
- Gallstones
- Unexplained weight gain/loss
- Other _____

Organ Function

- Diabetes
- Kidney disease
- Gallstones
- Appendicitis
- Liver dysfunction
- Adrenal dysfunction
- Other _____

Left Arm/Hand

- Carpel Tunnel
- "Tennis Elbow"
- Numbness in hand
- Hand always cold
- Other _____

Spine-Lower

- Lower back pain/injury
- Other _____

Reproductive/Urologic

- Menstrual cramps/PMS
- Yeast/Bladder infections
- Infertility/Miscarriage
- Urinary incontinence
- Erectile dysfunction
- Prostate issues
- Kidney stones
- Other _____

Hips/Pelvis

- Pelvis pain/injury
- Hip pain/injury
- Hip replacement
- Other _____

Right Leg/Knee

- ACL injury
- Cartilage concerns
- Knee pain/injury
- Leg pain/injury
- Edema (swelling)
- Knee replacement
- Other _____

Left Leg/Knee

- ACL injury
- Cartilage concerns
- Knee pain/injury
- Leg pain/injury
- Edema (swelling)
- Knee replacement
- Other _____

Right Foot/Ankle

- Bunion
- Hammertoe
- Plantar Faciitis
- Numbness in foot
- Foot always cold
- Foot pain/injury
- Ankle pain/injury
- Edema (swelling)
- Other _____

Left Foot/Ankle

- Bunion
- Hammertoe
- Plantar Faciitis
- Numbness in foot
- Foot always cold
- Foot pain/injury
- Ankle pain/injury
- Edema (swelling)
- Other _____