Balanced Place

Intake

Name _____ Date ___/___/___

Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone ( ) –

Work Phone ( ) –

Cell Phone ( ) –

Email _____

Occupation _____

Employer _____

Referred by _____

Emergency Contact _____

Phone ( ) –

Relationship _____

Date of Birth ___/___/___

Height _____

Weight _____

Dominate Hand: ☐ Right ☐ Left

PLEASE CHECK ALL THAT APPLY:

- ☐ SPINAL PROBLEMS
- ☐ PREGNANT
- ☐ DIABETES
- ☐ HEART PROBLEMS
- ☐ HIGH BLOOD PRESSURE
- ☐ SMOKE
- ☐ DRINK CAFFEINE
  _____ CUPS/ DAY
- ☐ SPEND MUCH OF MY DAY SITTING
  _____ HOURS/ DAY
- ☐ WEAR CONTACTS/GLASSES
- ☐ BALANCE ISSUES
- ☐ EXPERIENCE VERTIGO
- ☐ DRINK ALCOHOL
  _____ DRINKS/ WEEK

P: 310 - 402 - 6712 **E:** info@balancedplace.com **A:** 11020 Ventura Blvd, Suites G-H. Studio City, CA 91604

PLEASE EXPLAIN ALL CHECKED BOXES:

PLEASE RATE YOUR PAIN ON THE SCALE BELOW (0 = no pain, 5 = severe pain):

☐ ***0*** ☐ ***1*** ☐ ***2*** ☐ ***3*** ☐ ***4*** ☐ ***5***

ARE YOU TAKING MEDICATION? ☐ ***YES*** ☐ ***NO***

IF YES, LIST AND EXPLAIN:

PLEASE LIST AND DATE ANY SURGERIES, FRACTURES OR PREGNANCIES (Include any C-sections or complications if applicable)

HAVE YOU HAD ANY TRAUMAS (such as a fall) OR ACCIDENTS (car, work related etc.)? IF SO, WHAT REHABILITATION DID YOU RECEIVE?

ARE THERE ANY OTHER MEDICAL CONDITIONS OR PHYSICAL INJURIES I SHOULD BE AWARE OF?

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WHAT IS YOUR MOST COMMOM SLEEP POSITION? (e.g. back, stomach, or right/left side)?

WHAT PHYSICAL ACTIVITIES OR HOBBIES DO YOU LIKE TO DO CURRENTLY?

BREIFLY DESCRIBE YOUR DAILY ROUTINE. PLEASE INCLUDE APPROXIMATE TIMES SPENT DRIVING, SITTING AND STANDING.

ARE YOU PRESENTLY DOING OTHER KINDS OF THERAPY (massage, chiropractic, acupuncture, physical therapy)? IF YES, EXPLAIN

HAVE YOU HAD ANY PAST PILATES AND/OR MOVEMENT TRAINING? IF YES, WHERE AND FOR HOW LONG?

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WHAT IS THE REASON FOR YOUR VISIT? WHAT ARE YOUR GOALS? WHAT DO YOU HOPE TO GAIN FROM THIS PROGRAM? (please be specific)

I understand that the practitioner does not diagnose illness, disease or any physical or mental disorder. It is clear to me that this is not a substitute for medical examinations and/or diagnosis and that it is recommended that I see a physician before starting any physical program for any ailment that I might have. I have stated all my known medical conditions and take it upon myself to keep the practitioner updated on my physical health. This is a hands-on studio. Please inform instructor if this is a problem for you. **PLEASE NOTE: if you are unable to keep your appointment you are required to notify Balanced Place at least 24 hours in advance or agree to pay in full for the missed appointment.**

Signature

/ /

Date

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