

Fitness Intake Form

Please answer the following questions in order for your physical therapist to provide effective and safe treatment options.

Name: _____ Date of Birth: _____
Email: _____ Phone: _____
Occupation: _____

Emergency Contact (Name & Number) _____

What brought you to seek sports performance/personal training?

What are your fitness/athletic goals? _____

Describe your current participation in athletics/exercise: _____

How often do you take part in physical activity? _____

Please read the questions carefully and answer each one honestly: check YES or NO.

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? ___ Yes ___ No
2. Do you feel pain in your chest when you do physical activity? ___ Yes ___ No
3. In the past month, have you had chest pain when you were not doing physical activity? ___ Yes ___ No
4. Do you lose your balance because of dizziness or do you ever lose consciousness? ___ Yes ___ No
5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity? ___ Yes ___ No
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? ___ Yes ___ No
7. Do you know of any other reason why you should not do physical activity? ___ Yes ___ No

If you marked yes to any of the above, please explain:

**BETTER
BUILD**

Any Additional Information/Comments: _____

Patient Name

Signature

Date

Consent For Sports Performance Training

I hereby request and consent to the performance of wellness interventions on me or the client/patient name listed below for which I am legally responsible by Better Build Physical Therapy, LLC. If the client/patient is a minor, I represent that I am the parent or legal guardian of the child named below or I have obtained the required permission from the parent/legal guardian of the child named below to execute this agreement on their behalf.

I understand that Build Better Physical Therapy, LLC performs sports performance services and wellness services as well as Physical Therapy Services, and I understand that I am not receiving physical therapy services. I understand that my sessions with Build Better Physical Therapy, LLC are not a substitute for adequate medical care, diagnosis and/or treatment from a medical doctor. If I am suffering from any medical condition outside of the scope of personal training, I understand that I should see a licensed physician and under no circumstances should I forego any medical treatment recommended by a doctor.

While there have been no warranties, assurances, or guarantees made to me, I consent and freely agree to receive care from Build Better Physical Therapy, LLC. It is entirely my own decision whether or not to accept and follow these recommendations. I have read and understood the information provided in this Consent Form, as well as all materials provided to me. I have asked any and all questions that I may have about the sessions and these questions have been answered to my full satisfaction.

I further agree to hold Better Build Physical Therapy, LLC, harmless from any and all liabilities and claims, which may arise as a result of my participation in the sessions. I will not hold them responsible for any unforeseen injuries, the consequences of any decisions I may make, or any actions I may take, or may choose not to take, following any recommendation made by them.

Patient Name

Signature

Date

Appointment & Payment Agreement Form

To ensure you receive the best possible service, the following information is provided to enhance your understanding of your rights and responsibilities as our patient.

I agree to attend all scheduled appointments, on time. Inform your trainer of your progress, each visit. Comply with your home exercise plan. Be honest with your trainer about how your home exercise plan is going, as we can only modify it to suit your lifestyle if you're honest with us, and ask questions when you do not understand any instruction.

We request you, our client, to commit to your care to help us deliver exceptional quality of care. You play a large role in your health by the actions you choose to take day in and day out. Your life is spent the majority of the time outside of our facility, so it is important you understand your responsibilities and commitment as a patient at Build Better. Together, we can undertake the task set before us, as a team.

We are making just as much of a commitment to you as you are to yourself. So, help us, help you, on your road of recovery.

I understand that payments are to be collected or settled at the time service(s) are rendered and that I must maintain a valid credit card or have a pre-purchased treatment package online in order to schedule appointments. I understand a scheduled appointment **MUST BE CANCELLED AT LEAST 24 HOURS IN ADVANCE** to avoid being charged, and that a no-show or late cancelled appointment will be charged the full amount of the booked appointment. I have read this form in full, and it is my understanding that I am financially responsible for my bills incurred, as well as personally responsible for my care by following through with my recommended home exercise program(s).

Patient Name

Signature

Date