

**Fitness Track (NOT PHYSICAL THERAPY)**

**General Information**

Clients Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

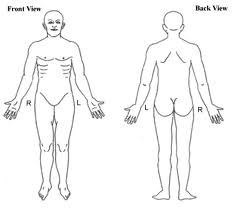
City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (Circle Best): Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle any areas that limit your functional capacity: 

Past Medical History (please include past surgeries, previous injuries, health conditions we should be

aware of): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What type of work do you do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have children? If so what ages? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recreational Activities/Hobbies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency and nature of exercise per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

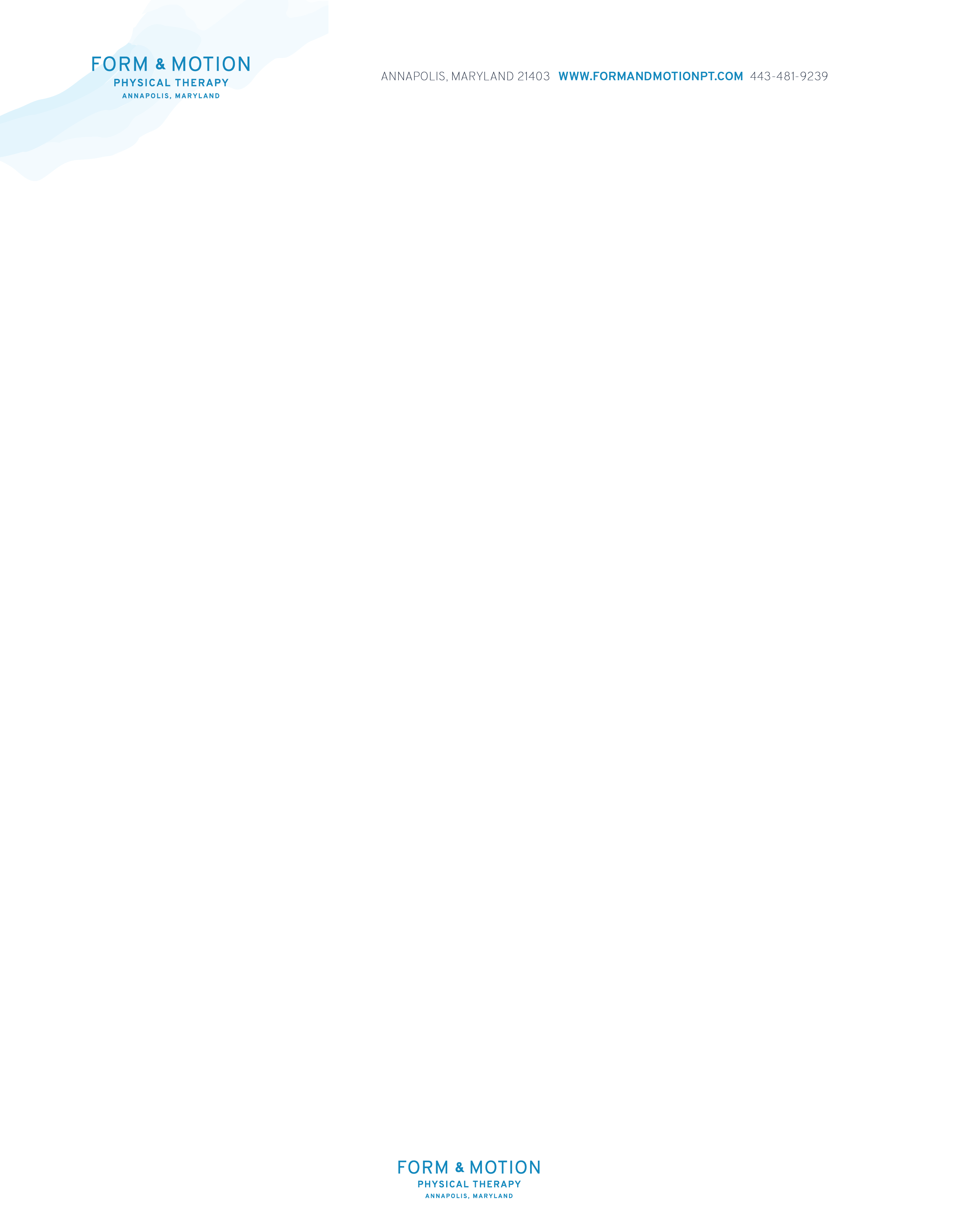
**What are your goals for overall health/wellness and fitness improvement?**

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**Check all below that you would like to improve:**

⃝Balance/Stability ⃝Endurance ⃝Energy ⃝Flexibility ⃝Posture ⃝Sleep ⃝Strength ⃝Maintenance

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Fitness Track Authorization:** I hereby consent and provide permission to Form & Motion Physical Therapy, LLC (Ingrid Ratz, DPT, PCES) to assist me in addressing my Fitness goals for improvement of overall wellness. I understand that I will not receive physical therapy through this Fitness Program, nor will I expect clinical records to be maintained for this Fitness Track. I understand that there are inherent risks to fitness exercises, and that I may injure myself during recommended training. It has been explained to me that most, but not all, injuries are temporary and may be improved through rest, ice, heat and stretching.

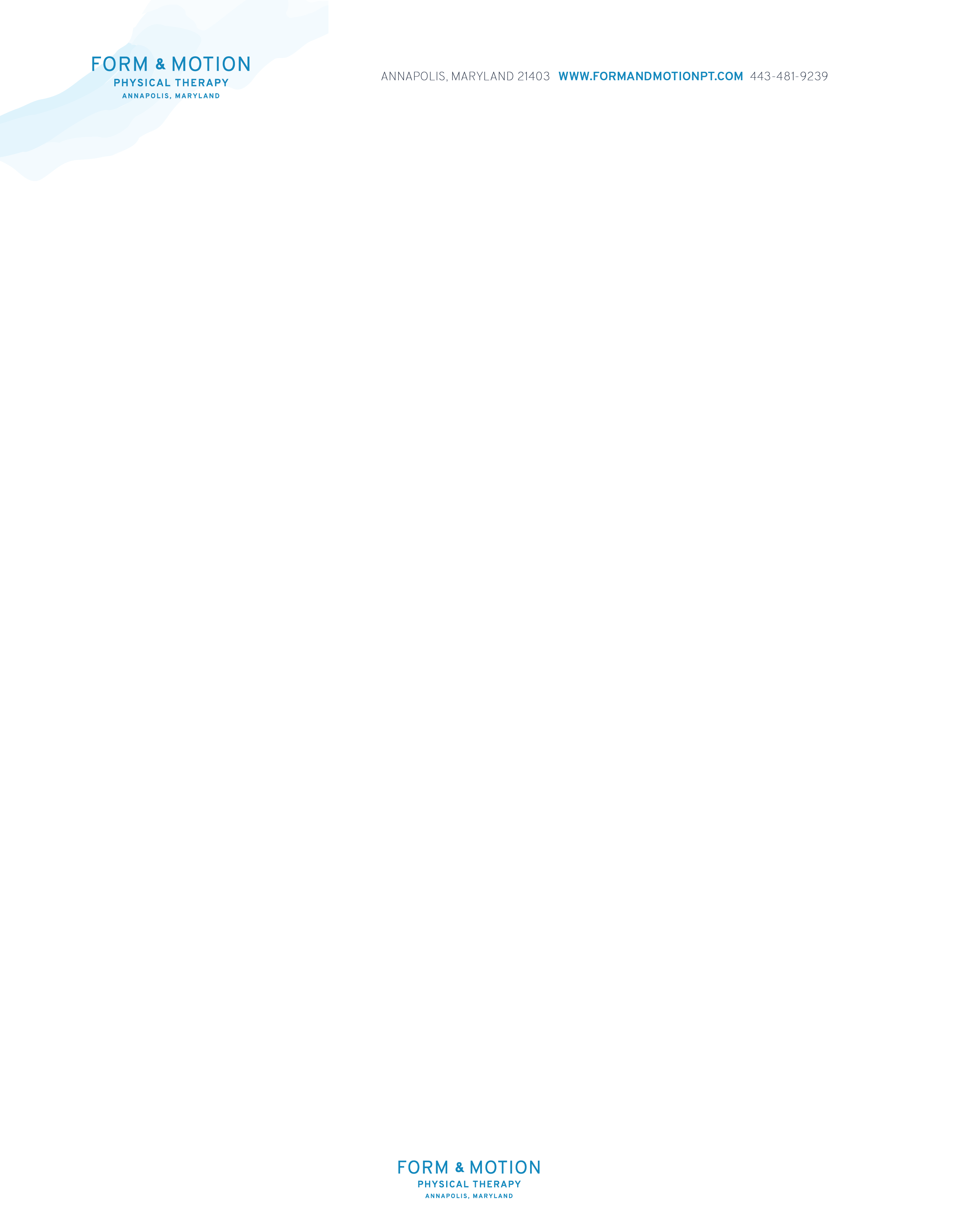
**Election for Physical Therapy:** By signing this document, I consent to receiving personal training and corrective exercises from Form and Motion Physical Therapy, LLC/ through Ingrid Ratz, DPT, PCES. However, I acknowledge that any information provided during these Fitness/Training sessions will fall outside the scope of Physical Therapy and shall not be considered medical treatment. If at any time I determine that I would benefit from Physical Therapy in conjunction with the Fitness Track or independent of the Fitness Track, I agree that a separate consent form will be necessary before I undergo Physical Therapy treatment.

**Cancellation Policy:** I agree to provide a minimum of 24-hour’s notice to cancel or change a personal training or Fitness Track appointment. It has been explained to me that if illness or unforeseen circumstances prevent me from attending my scheduled session, one (1) exception will be made to the 24 hour cancellation policy. If I cancel a second time with less than 24 hours’ notice, I understand that I may be charged a cancellation fee of $25 due to limited appointment availability and reservation of a designated time slot for my training session. A third late cancelation will require payment in full.

**Informed Consent**: (The "I" below refers to the person the appointment is for. Please consult with client when making appointment for anyone other than the undersigned).

After receiving approval from my physician, I have elected to enroll in a program of Fitness training including client education, muscle strengthening, physical activity, endurance training, corrective exercise programming, aerobic exercise, Pilates and/or a flexibility regimen. To the best of my knowledge, I have informed Form and Motion Physical Therapy, LLC and Ingrid Ratz, DPT, PCES of any physical limitations, health risks or disabilities that may impact my ability to participate in the recommended Fitness exercise program. I have been advised to schedule an annual physical examination and to consult with my physician before making changes to my diet, exercise routine, or lifestyle.

In the event I experience any discomfort during any Fitness training program, I will immediately inform Form and Motion Physical Therapy, LLC and Ingrid Ratz, DPT, PCES and stop the exercise to prevent further discomfort or injury. If I proceed with the program, I do so with full knowledge that injury is possible. I hereby release Form and Motion Physical Therapy, LLC and Ingrid Ratz, DPT, PCES from any and all liability now or in the future including but not limited to muscle strains, torn ligaments, fractures, shin splints, heat prostration, bodily injuries, cardiovascular damage and any other illness or injury,



including in rare circumstances, death or permanent disability, however caused, occurring during or after my participation in this Fitness Track exercise program.

**Financial Policy**: I understand that my participation in the Fitness Track which can include training, corrective exercises, posture alignment, Pilates or any combination thereof, is not covered by insurance or any 3rd party payer. I acknowledge and understand that I am financially responsible for paying in advance for each session at a rate of $135.00 for a 45 minute time period.

**Virtual Sessions**: I may elect to participate in the Fitness Track either in person or through a remote platform such as ZOOM. I acknowledge that the same fee of $135.00 will be charged for each session irrespective of the delivery method of my training/exercise program. If for any reason, in person sessions become a public health risk to either me or Form & Motion Physical Therapy, LLC (Ingrid Ratz, DPT, PCES), I will be given the opportunity to discontinue sessions with 24-hour notice of cancellation of any scheduled sessions.

**Home Sessions**: I may elect, given availability, to participate in a Fitness Track session at home. I acknowledge that a $200.00 fee will be charged for each home session. If for any reason, at home sessions become a health risk to either me or Form & Motion Physical Therapy, LLC (Ingrid Ratz, DPT, PCES), I will be given the opportunity to discontinue sessions with 24-hour notice of cancellation of any scheduled sessions.

I certify that the above information is correct to the best of my knowledge. I have disclosed all medical conditions that I am aware of and will inform my practitioner of any changes in my health status. I understand that these services are a health aid and not a substitute for a doctor’s care.

Client Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the client is **under 18 years old**, the guardian/parent signing authorizes treatment of this client:

Guardian/Parent Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian/Parent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_