

# breathe movement studio inc.

**\*basic intake information\***

name: \_\_\_\_\_ date of birth: \_\_\_\_\_  
 cell/main phone #: \_\_\_\_\_ home phone #: \_\_\_\_\_ work phone #: \_\_\_\_\_  
 email address: \_\_\_\_\_  
 address: \_\_\_\_\_ city: \_\_\_\_\_ state: \_\_\_\_\_ zip: \_\_\_\_\_  
 referred by: \_\_\_\_\_  
 do you receive massage therapy: yes/no if so how often: \_\_\_\_\_ do you exercise: yes/no if so how often: \_\_\_\_\_  
 please describe the type of exercise: \_\_\_\_\_  
 have you ever studied **GYROTONIC®/GYROKINESIS®**/pilates before: yes/no (circle which one) how long: \_\_\_\_\_  
 other daily activities (including job related): \_\_\_\_\_  
 occupation: \_\_\_\_\_  
 primary care physician: \_\_\_\_\_  
 chiropractor: \_\_\_\_\_  
 massage therapist: \_\_\_\_\_  
 acupuncturist: \_\_\_\_\_  
 how do you relieve stress/pain: \_\_\_\_\_

**\*health intake information\***

what are the goals you would like to achieve: \_\_\_\_\_  
 what are your health concerns: \_\_\_\_\_  
 describe any surgeries you have had: \_\_\_\_\_  
 describe any accidents you have had: \_\_\_\_\_  
 list all conditions currently monitored by your healthcare provider: \_\_\_\_\_  
 list any medications that you take (circle the ones you took today): \_\_\_\_\_

<b>please note all current and previous medical conditions</b>					
headache	y	n	varicose veins	y	n
sleep problems	y	n	stiff/painful joints	y	n
fatigue	y	n	neck/shoulder/arm - pain/numbness	y	n
flu/cold symptoms in the last 24hr	y	n	low back/hip/leg - pain/numbness	y	n
sinus	y	n	sciatica	y	n
allergies to scents/lotions	y	n	depression	y	n
allergies in general	y	n	blood clots	y	n
arthritis (rheumatoid)	y	n	stroke	y	n
arthritis (osteo)	y	n	heart disease	y	n
osteopenia/porosis	y	n	high/low blood pressure	y	n
scoliosis	y	n	poor circulation	y	n
broken bones	y	n	asthma	y	n
disc problems	y	n	thyroid dysfunction	y	n

spasms/cramps	y	n	diabetes	y	n
TMJ (jaw pain)	y	n	currently pregnant (due date _____)	y	n
tendonitis/bursitis	y	n	malignant cancer/tumor	y	n
spinal problems	y	n	benign/malignant cancer/tumors	y	n
describe, as needed, any conditions indicated or other conditions that may be important:					

**Contract for care (instructor/therapist):**

Our promise - To participate fully and abide by the Professional Code of Ethics expected by New York State and created by ABMP. To provide the best care and training possible for the client's health and will notify them of any concerns that may come up with the exercises he/she executes or with his/her treatment. Massage Therapists are NYS licensed. All **GYROTONIC®/GYROKINESIS®** instructors are Certified (or if Licensed will be going through Certification process and client will be informed)

**Contract for Care (client):**

I will make sound choices regarding my program and will provide feedback based on the information provided to me by my instructor/therapist. I agree to participate in the self care practices that we discuss (increase in water consumption, stretching,... etc). I promise to inform my instructor/therapist if at any time I feel my well-being is threatened or compromised. I expect my instructor/therapist to provide safe and effective throughout my program/treatment.

**Consent for Care (client):**

I understand that my instructor/therapist does not diagnose illness, disease, and or any other physical or mental disorders. The training/treatment sessions that I participate in are NOT substitutes for medical examination and/or diagnosis. I affirm that I have stated all of my known medical conditions and shall take it upon myself to keep my instructor/therapist updated on my physical/mental health. I also agree there shall be no liability on the practitioner's part should I neglect to do so.

**I will be considerate to my instructor/therapist as well as other clients and refrain from smoking or wearing perfume/cologne/bodyspray etc prior to or during my session as some people may have severe allergies to fragrances. (Initial: \_\_\_\_\_)**

**I am aware of the cancellation policy that states I must give 24 hour notice of cancellation or I will be charged for the time I missed (with the exception of unforeseen circumstances). (Initial: \_\_\_\_\_)**

signature: \_\_\_\_\_ date: \_\_\_\_\_

signature: \_\_\_\_\_ date: \_\_\_\_\_  
 (if client is a minor - adult/parent/guardian must sign)

**\*emergency contact information\***

name: \_\_\_\_\_

relation: \_\_\_\_\_

phone: \_\_\_\_\_