

BAINBRIDGE CLINIC
840 Madison Ave N.
Ste 102
Bainbridge Island WA, 98110
P: 206•855•0955
F:206•855•0801



DaVinci

Physical Therapy

ART OF MOVEMENT. SCIENCE OF EXERCISE.

POULSBO CLINIC
19980 10th Ave N
Ste 201
Poulsbo, WA, 98370
P: 360•598•1538
F: 360•598•1541

PILATES CLIENT INFORMATION

Name: First _____ MI _____ Last _____ Gender: M F DOB: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone: Home _____ Cell _____ Work _____
(Please select the number where we can leave a detailed message during business hours)

Email Address: _____ Occupation: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____ Relationship: Spouse Parent/Guardian Child Other _____

Phone: Home _____ Cell _____ Work _____
(Please select the number where we can leave a detailed message during business hours)

POLICIES AND AGREEMENTS

CANCELLATION POLICY: If you need to change or cancel your appointment, we are happy to do that for you--provided that you let us know at least **24 hours** in advance. However, if you cancel your appointment with less than 24 hours notice or simply fail to show up for your appointment, we will charge you a **\$10 cancellation fee**. Thank you for your understanding.

INITIALS : _____

PRIVACY POLICY: I acknowledge that I have reviewed, received, or been offered the DaVinci Physical Therapy NOTICE OF PRIVACY PROCEDURES

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

* Angela Spooner Hanson DPT * Theresa Olson PT * Jennifer Wallerich DPT * Victoria Armstrong DPT *
* Brent Kellen DPT * Amy Schmitz PTA * Catherine Purves PTA * Samantha Hernandez PTA *



RISK ASSESSMENT

Please check all that apply:

- First time taking Pilates
- Pregnant _____ weeks & _____ months
- Allergies: _____
- Currently seeing a Physical Therapist:

- Currently Active/Exercise _____ times/week
- Asthma or shortness of breath
- Challenging home environment (uneven ground, stairs, etc.)
- Recent surgeries or broken bones:
_____ Date: _____

Aggravating Factors/Problem Areas:

- Sitting
- Standing
- Stairs
- Loss of Balance
- Walking
- Squatting
- Rotation
- Lying Down
- Lifting /Bending over
- Numbness in Groin or Buttocks
- Numbness in Extremities
- Incontinence

HEALTH HISTORY

Have you ever been diagnosed or treated for any of the following:

- Osteoporosis
- Osteopenia
- Stroke
- Blood Clots
- Heart Disorder
- High/Low Blood Pressure
- Cancer
- Other: _____
- Whiplash
- Lung Disorders
- Tuberculosis
- Multiple Sclerosis
- Traumatic Brain Injury
- Diabetes Type I
- Diabetes Type II
- Current Infection
- Huntington's
- Immunosuppression
- Alzheimer's
- Sprain/Strain
- Obesity
- Seizures
- Concussion
- Hepatitis
- Arthritis
- Nerve Disorders
- Lupus
- Fibromyalgia
- Parkinson's Disease



MEDICATIONS

Please list any current medications or supplements:

Name	Purpose
_____	_____
_____	_____
_____	_____
_____	_____

PILATES GOALS

What are your personal health and fitness goals? (please list in order of importance):

Are there any activities, sports, or hobbies that you are currently engaged in or have been in the past?

Are there any limitations/restrictions to take into consideration prior to starting your program?

Medical Release

By signing and dating below, all participants agree to training with an Apprentice Pilates Instructor and recognize that utilizing the equipment or exercises may lead to injury. Therefore, all information stated above is current and cleared by a Physician. All participants understand that the Instructor will not be able to train without completing this agreement. Client assumes the risk of any and all injuries during or after a session. Any pre-existing injuries, illness, or medical disability can present unavoidable risks, therefore, the client agrees to quarterly or yearly consent by their Physician (subject to severity of contraindications). Participants fully acknowledge all terms of this agreement and hereby release the Instructor and DaVinci Physical Therapy of any liability including, but not limited to: heart attack, cardiac arrest, muscular strain/tear/pull, broken bones, injury or death. The Client affirms that they have fully read and agreed to all terms of the medical release. Participants acknowledge that they will not be under the supervision of a Physical Therapist during Pilates session at Davinci Physical Therapy.

Signature: _____ Date: _____

* Angela Spooner Hanson DPT * Theresa Olson PT * Jennifer Wallerich DPT * Victoria Armstrong DPT *
* Brent Kellen DPT * Amy Schmitz PTA * Catherine Purves PTA * Samantha Hernandez PTA *