

Meta Physical Therapy & Pilates, LLC

Grants Pass, OR 97527 (541) 450-2724 office; (541) 479-0570 fax
metaPTpilates@gmail.com www.metaphysicaltherapypilates.com

Background and Applicable Medical History

First Name _____ Last Name _____

Date of Birth _____ Email _____

Phone (circle best):

Mobile _____ Home _____ Work _____

Address _____ City _____ Zip _____

Emergency Contact:

Name _____ Relationship _____

Phone _____ Alternate Phone _____

How did you hear about us? _____

All sessions begin with an initial evaluation. Individual needs assessments are performed at that time, and together we determine the plan for future sessions. Many people start out with manual therapy care and may or may not progress to exercise in the Pilates gym. The attached packet covers the potential that we may at some point include exercise, potentially using the Pilates equipment which can be surprisingly meaningful in establishing mind-body connection and restoring function. Some people may participate in Pilates exercise as all or part of their programs. We request that you start your practice with an initial evaluation (required) prior to receiving Pilates treatment sessions or participating in group exercise. We recommend attending five individual 1:1 treatment sessions prior to group exercise (currently limited to two participants per hour).

Best results are seen initially with consistency (1 to 2 visits per week), but individual needs vary and many people choose manual therapy or exercise “tune-ups” 1-2 times per month once we have reduced major problems. We are enthusiastic about home programs and will make an effort to provide you with resources to continue your work outside of the studio. We may have props available for purchase to compliment your practice.

In an effort to keep client schedules flowing smoothly, Meta Physical Therapy & Pilates will send email appointment reminders and may periodically send e-mail announcements. Appointment reminders may also be set up at your choice of text, email or phone call. Please check your preferred methods of communication:

_____ E-mail _____ Text _____ Phone Call Other: _____

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Please answer the following questions. All information is confidential and will only be used to help your therapist to create a personalized program for you.

What are your primary physical goals? What do you hope to gain from your treatment sessions?

Have you had any past manual therapy care and/or Pilates exercise training? **Yes / No** If yes, for how long and where?

What other exercises and activities do you participate in? How often do you do them?

Do you have any injuries or conditions that may influence your ability to exercise? **Yes / No** If yes, please describe. Attach a medical history summary if needed.

Do you have pain concerns? If so, where and how bad on a 0 to 10 point scale with 10 being the worst?

(Please label on pain diagram) _____

Are you taking any medications? **Yes / No** If yes, please list medication name(s) and side effects or attach a list.

Are you currently under the care of a physician or therapist? **Yes / No** If yes, has your physician or therapist given you any activity restrictions? Do you have or need consent to exercise?

Are there activities that you are unable to do or are having difficulty with because of your current condition? Please list and rank your level of limitation using the scale below.

- 1) _____
- 2) _____
- 3) _____

Perform activity without concern 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 Unable to perform

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Do you currently have (or do you have a history of) any of the following conditions?

Yes	No	Pre-Existing Conditions	Describe onset/duration/severity/location
		Lower back problems	
		Upper back problems	
		Neck problems	
		Disc problems (neck, back & what levels)	
		Scoliosis	
		Sciatica	
		Numbness or tingling	
		Headaches/Dizziness/Vertigo	
		Hip, knee, ankle, foot issues	
		Shoulder, elbow, hand issues	
		Recurrent shoulder dislocation	
		Tendon/ligament/muscle sprains or strains	
		Difference in leg length	
		Joint replacement	
		Arthritis (What type?)	
		Osteoporosis	
		High/low blood pressure	
		Car accident resulting in injury	
		Currently pregnant	
		Incontinence bladder or bowel	
		Abdominal surgery (hysterectomy, hernia)	
		Neurological conditions (Parkinson's, MS)	

Comments: _____

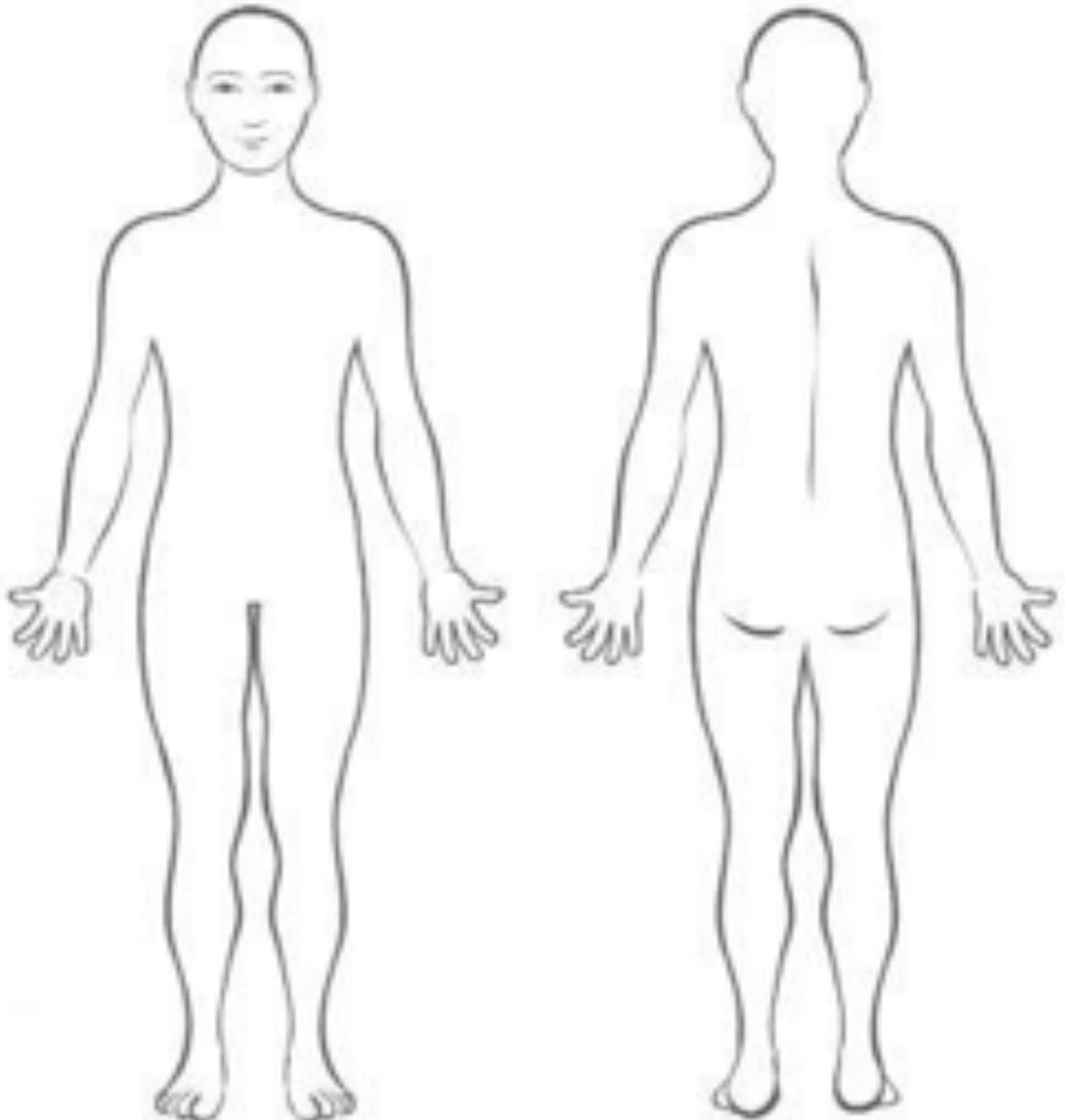
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Pain/Symptom(s) Diagram for: _____

Date: _____

Please draw your symptom(s) and label areas of pain, numbness, tingling, weakness etc.



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Studio Policies

- To prevent being billed for missed appointments, a 24-hour notice is required to either cancel or reschedule your session. Any appointment canceled less than 24 hours in advance will be charged 100% of the service booked.
- Appointments can be cancelled via text, online, phone call, or email with time noted.
- All purchased sessions/packages expire 12 months after purchase, no refunds and \$25 additional fee on all returned checks.
- All Sessions are 50 minutes (45 min treatment, 5 min transition) unless otherwise noted.
- Private sessions are scheduled through the studio
- We encourage clients to book out sessions and classes far in advance to ensure your schedule
- Regardless of late arrival, private sessions will end at originally scheduled time and will be canceled and charged if you are more than 15 minutes late unless arrangements have been made with staff.
- Complete Intake Form & Waiver, and disclose pertinent health issues prior to your session.
- We require 1 private session minimum to join small group classes in order to familiarize yourself with principles, equipment, and body awareness to maximize your efforts and results.
- Please do not use equipment without your instructor present and always follow instructions.
- Disclose any pain, discomfort, fatigue or any other symptoms that occur during session.
- It is OK to stop or delay participation in any activity if you so desire, and you may also be requested to stop and rest by the instructor if any symptoms of distress or abnormal response is observed.
- Communicate if tactile cueing (touch) is uncomfortable for you, it's quite useful otherwise.
- Please turn off all mobile devices prior to entering the studio.
- Please refrain from strong cologne or perfumes as a courtesy to those who have sensitivity.
- Comfortable workout clothing recommended. No zippers or metal on pants please to avoid tearing equipment upholstery. Form-fitting attire is desirable (but not required) to help the therapist see if you are achieving proper body alignment.
- We recommend toe socks with traction during Pilates sessions, regular socks are fine.
- Please enter the studio quietly if there is a session in progress. Kindly remove your shoes before entering the workout area. The studio is not responsible for lost or stolen items.

I have read the policies and fully understand and agree to the policies listed above.

Signature: _____ **Date** _____

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Medical Waiver

The staff at Meta Physical Therapy & Pilates are licensed physical therapists and trained in several treatment methods including manual therapy, exercise and STOTT PILATES®.

The Pilates form of exercise may or may not be beneficial to you. It is advised that you first consult with your physician about any injuries or existing medical conditions, past or present, before enrolling in a Pilates program. Physical therapy related care will be provided in accordance with State and Federal practice standards. We would be happy to speak with your physician or call for a release form on your behalf.

PLEASE READ CAREFULLY! THIS IS A RELEASE AND WAIVER OF CERTAIN LEGAL RIGHTS. Participant understands that Physical Therapy and Pilates can involve physical exertion, be strenuous, and that injuries may occur when participating in such activities. Participant accepts and assumes the risks associated with these, including, but not limited to, equipment malfunction or failure, overexertion, inability to perform suggested exercises or maneuvers, physical or mental conditions that impede the ability to properly perform suggested exercises or maneuvers, failure to properly operate equipment, and failure to follow instructions. Participant hereby freely and expressly assumes all risk of property damage, injury, and death associated with Physical Therapy & Pilates participation.

Participant understands that it is his/her responsibility to consult with a physician prior to and regarding participation in Physical Therapy care & Pilates exercise. Participant represents and warrants that he/she has no physical or mental condition that would prevent full participation in Physical Therapy & Pilates care. Participant agrees to inform his/her therapist immediately of any physical or mental condition that would prevent his/her full participation in Physical Therapy & Pilates exercise.

In consideration for participation in Physical Therapy & Pilates, receiving instruction in a group, private or semiprivate lessons, workshops or certification programs and using the equipment and facilities, Participant hereby agrees to release, hold harmless, and indemnify Meta Physical Therapy & Pilates and its owners, partners, employees, independent contractors, directors, officers, agents, instructors, licensees and affiliates from any and all claims by or on behalf of Participant against Meta Physical Therapy & Pilates arising directly or indirectly out of Participant's participation in Physical Therapy & Pilates of any Meta Physical Therapy & Pilates equipment or facilities, and participation in any class, program, or workshop offered by Meta Physical Therapy & Pilates. This release includes claims and liabilities arising from any cause whatsoever, including, but not limited to, negligence on the part of Meta Physical Therapy & Pilates. This release is binding upon Participant, and Participant's heirs, assigns, and legal representatives.

If signing on behalf of a minor Participant, Parent/Guardian accepts full responsibility for any medical expenses incurred due to the minor's participation in Pilates and agrees to release, hold harmless, and indemnify (including costs and attorney's fees) Meta Physical Therapy & Pilates for any claims brought by or on behalf of the minor.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Print Participant's Name _____

Participant's Signature _____ Date _____

Participant's Address _____

Sign here only if participant is under 18:

Parent/Guardian's Name _____

Signature of Parent/Guardian _____ Date _____

Parent/Guardian's Address _____