

Generative Balance Class Health Intake Form

Name _____ Date of birth _____

Address _____

Home / Cell Phone: _____ Email Address _____

Occupation _____ Emergency Contact (name, #) _____

Do you have experience/familiarity with: yoga ___ pilates ___ dance ___ martial arts ___

What are your goals/expectations with these classes? What benefits are you looking for? ___

Strengthening ___ Flexibility ___ Balance ___ Stress relief ___ Increase well-being ___ Improve fitness ___ Injury rehabilitation ___ Other Health goal: _____

How do you rate your current level of activity? Sedentary/Very inactive ___
Somewhat Inactive ___ Average ___ Somewhat Active ___ Extremely Active ___

On a scale of 1 (low) to 10 (high), How would you rate your level of stress? 1 2 3 4 5 6 7 8 9 10

Is there anything that you cannot/do not do now that you would like to be able to do?

Review this list & check those conditions that have affected your health either recently:

broken/dislocated bones ___ muscle strain/sprain ___ arthritis ___ bursitis ___ disc problems
___ back problems ___ scoliosis ___ osteoporosis ___ numbness, tingling anywhere ___
surgery ___ spinal fusion ___ prosthetic joint(s) ___ Currently Pregnant? (EDD _____)

_____ Par Q completed? Y ___ N ___

PLEASE READ THE FOLLOWING INFORMATION AND SIGN BELOW TO INDICATE YOUR AGREEMENT: Awareness is fundamental to all therapeutic exercises. All exercise programs involve a risk of injury. By choosing to participate in these online Generative Balance classes, I voluntarily assume a certain risk of injury. I do not have any physical conditions or disability that would limit my participation or preclude an exercise program. In signing this form I agree to treat my body with respect and compassion during all classes. I agree to be guided from within and modify my practice to meet the needs of my body on any given day. I will work in a way that ensures no harm or injury. I will ask for clarification when I don't understand something.

Signature: _____ Date: _____