

ORTHOPEdic PROBLEMS: (Check) Back Feet Joint Knee Neck Other

Please explain below:

May we phone them to discuss your exercise program? Yes No

- | | |
|---|--|
| <input type="checkbox"/> Back trouble | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Neck trouble | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Shoulder problems | <input type="checkbox"/> High Anxiety |
| <input type="checkbox"/> Knee problems | <input type="checkbox"/> I am pregnant |
| <input type="checkbox"/> Other joint problems | <input type="checkbox"/> I am trying to get pregnant |
| <input type="checkbox"/> Hypertension (high blood pressure) | <input type="checkbox"/> I smoke |
| <input type="checkbox"/> I have had surgery within the past two years | <input type="checkbox"/> I have other medical concerns |

If any of the above are checked, please clarify: _____

I am interested in learning more about:

- Back health
 Core stability
 Posture
 Relaxation
 Other, please clarify _____

What is your primary goal? _____

How much time do you have to devote to this? _____

When would you like to accomplish your goal? _____

Signature

Date