**Restorative Exercise™**

**CLIENT INFORMATION QUESTIONNAIRE**

All information received on this form will be treated as strictly confidential. Please fill out the forms ***completely and accurately***. This information is essential to developing a program that addresses your needs, goals, and interests and is safe and effective.

Name:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_\_

M D Y

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Code

Phone: (home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (wireless)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (fax)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Code

**Please provide 24 hours notice if you need to cancel or reschedule**

**your appointment.**

Austin Bowenwork™& Alignment Center

Holistic Body-Soul Healing

Jessica Riley, LMP, RBT, RYT

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www.austinbowenwork.com

**Health Status: Please mark YES or No to the following: YES NO**

Has your doctor ever said that you have a heart condition and recommended only

medically supervised physical activity? \_\_\_\_ \_\_\_\_

Do you frequently have pains in your chest when you perform physical activity? \_\_\_\_ \_\_\_\_

Have you had chest pain when you were not doing physical activity? \_\_\_\_ \_\_\_\_

Do you lose your balance due to dizziness or do you ever lose consciousness? \_\_\_\_ \_\_\_\_

Do you have a bone, joint or any other health problem that causes you pain or

limitations that must be addressed when developing an exercise program (i.e.

diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia,

bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)? \_\_\_\_ \_\_\_\_

Are you pregnant now or have given birth within the last 6 months? \_\_\_\_ \_\_\_\_

Have you had a recent surgery? \_\_\_\_ \_\_\_\_

**Please include information on *ANY* surgeries (cosmetic, outpatient, injury repair, reconstructive, laparoscopic, etc.), injuries, pregnancies, deliveries, cesareans, etc.**

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Do you take any medications, either prescription or non-prescription, on a regular basis? Circle…..Yes / No

What is the medication for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does this medication affect your ability to exercise?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please indicate your top 3 goals for your exercise session today:

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT**

1. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, wish to participate in the exercise and training program offered by Jessica Riley, LMT, RBT, RES-CPT of Austin Bowenwork & Alignment Center. I understand there are inherent risks in participating in a program of exercise. Consequently, if I have any health related issues it is recommended that I be examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program. I agree that Jessica Riley, LMT, RBT, RES-CPT and Austin Bowenwork & Alignment Center shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, at the training studio, outdoors, or at a corporate, commercial, residential or other fitness facility) and I expressly release and discharge Jessica Riley, LMT, RBT, RES-CPT and Austin Bowenwork & Alignment Center from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators, and assigns.

**I have read and understand this term: \_\_\_\_\_\_\_\_ (initial**)

1. I certify that the answers to the questions outlined on the questionnaire form are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered “Yes” to any of the questions on this form. I understand and agree that it is my responsibility to inform the instructor of any conditions or changes in my health, now and on going, which might affect my ability to exercise safely and with minimal risk of injury.

**I have read and understand this term: \_\_\_\_\_\_\_\_ (initial**)

1. I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform the instructor.

**I have read and understand this term: \_\_\_\_\_\_\_\_ (initial**)

1. I understand the results of any exercise program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

**I have read and understand this term: \_\_\_\_\_\_\_\_ (initial**)

1. I understand that all private session rates are based on 30 or 50 minute sessions and should I arrive late, there is no guarantee I will receive the full session with the instructor. In return, if the instructor is late for a session, I will still receive the full session time.

**I have read and understand this term: \_\_\_\_\_\_\_\_ (initial)**

1. I understand that Jessica Riley, LMT, RBT, RES-CPT and Austin Bowenwork & Alignment Center operates on a scheduled appointment basis for all personal sessions and thus, requires that I provide 24 hours notice when canceling an appointment. No charge will be levied should I cancel with MORE than 24 hours notice given.

**I have read and understand this term: \_\_\_\_\_\_\_\_ (initial)**

1. I understand that during an exercise session, the instructor may have to use Touch Training to correct alignment and/or to focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with Touch Training, I will immediately request that the instructor discontinue using this technique.

**I have read and understand this term: \_\_\_\_\_\_\_\_ (initial**)

1. I understand that Jessica Riley, LMT, RBT, RES-CPT and Austin Bowenwork & Alignment Center may photograph many of their client events/sessions and I provide written approval for them to use these pictures for promotional purposes.

**I have read and understand this term: \_\_\_\_\_\_\_\_ (initial**)

I have read this Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLIENT DATE

**Whom may we thank for referring you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**Left Arm/Hand**

❑Carpel Tunnel

❑”Tennis Elbow”

❑Numbness in hand

❑Hand always cold

❑Other \_\_\_\_\_\_\_\_\_\_\_\_

**Left Foot/Ankle**

❑Bunion

❑Hammertoe

❑Plantar Facaiitis

❑Numbness in foot

❑Foot always cold

❑Foot pain/injury

❑Ankle pain/injury

❑Edema (swelling)

❑Other \_\_\_\_\_\_\_\_\_\_\_\_\_

**Left Leg/Knee**

❑ACL injury

❑Cartilage concerns

❑Knee pain/injury

❑Leg pain/injury

❑Edema (swelling)

❑Knee replacement

❑Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reproductive/Urologic**

❑Menstrual cramps/PMS ❑Yeast/Bladder infections

❑Infertility/Miscarriage

❑Urinary incontinence

❑Erectile dysfunction

❑Prostate issues

❑Kidney stones

❑Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Right Foot/Ankle**

❑Bunion

❑Hammertoe

❑Plantar Facaiitis

❑Numbness in foot

❑Foot always cold

❑Foot pain/injury

❑Ankle pain/injury

❑Edema (swelling)

❑Other \_\_\_\_\_\_\_\_\_\_\_\_\_

**Right Leg/Knee**

❑ACL injury

❑Cartilage concerns

❑Knee pain/injury

❑Leg pain/injury

❑Edema (swelling)

❑Knee replacement

❑Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hips/Pelvis**

❑Pelvis pain/injury

❑Hip pain/injury

❑Hip replacement

❑Other \_\_\_\_\_\_\_\_\_\_\_\_\_

**Spine-Lower**

❑Lower back pain/injury

❑Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Digestive**

❑Constipation/Diarrhea

❑Acid Reflux/Heartburn

❑Diverticulitis

❑Gallstones

❑Unexplained weight gain/loss

❑Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organ Function**

❑Diabetes

❑Kidney disease

❑Gallstones

❑Appendicitis

❑Liver dysfunction

❑Adrenal dysfunction

❑Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Right Arm/Hand**

❑Carpel tunnel

❑”Tennis Elbow”

❑Numbness in hand

❑Hand always cold

❑Other \_\_\_\_\_\_\_\_\_\_\_\_

**Lymphatic**

❑Lymphoma

❑Lymph node swelling

❑Breast cancer

❑Fatigue

❑Other \_\_\_\_\_\_\_\_\_\_\_

**Cardiovascular**

❑High blood pressure

❑High cholesterol

❑Stroke

❑Heart disease

❑Other \_\_\_\_\_\_\_\_\_\_\_

**Spine-Upper Back**

❑Upper back pain/injury

❑Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Right Shoulder**

❑Rotator cuff injury/pain

❑Shoulder impingement

❑Shoulder injury/pain

❑Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Left Shoulder**

❑Rotator cuff injury/pain

❑Shoulder impingement

❑Shoulder injury/pain

❑Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Respiratory**

❑Asthma

❑COPD

❑Shortness of breath

❑Lung disease

❑Other \_\_\_\_\_\_\_\_\_\_\_

**Neurological/Limbic**

❑Alzheimer’s

❑Memory loss

❑Brain fog

❑Anxiety/Panic Attacks

❑Depression

❑Other \_\_\_\_\_\_\_\_\_\_\_\_

**Head/neck**

❑TMJ/Teeth grinding

❑Jaw pain

❑Headaches

❑Neck Pain

❑Hearing/Vision loss

❑Sinus infections/Allergies

❑Thyroid dysfunction

❑Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please check all conditions you have encountered throughout your lifetime.**