

General Information Form

This is not an intake form or medical form. This is simply an information form so that you and the presenter can discuss any issues or concerns that might be important to you prior to participating in the exercises.

Physical questions

Do you have any chronic, ongoing pain that you deal with on a regular basis? Describe what activities cause this pain and/or make it worse.

Have you had any surgeries, hospitalizations, accidents or injuries? How long ago? Do you feel you have recovered from these events?

Are you receiving any type of medical treatment?

What physical activities do you participate in regularly?

What movements or activities are limited?

Are you taking any medications/herbs? For what symptoms or illnesses?

Are you presently or have you ever been under psychiatric care? For what reason(s)?

Please bring to my attention any of the following conditions below that currently effect you or that you have experienced in the last 5 years:

Physical Concerns		
High Blood Pressure	Blood Clots	Heart Attack/Stroke
Low Blood Pressure	Low Back Pain	Varicose Veins
Arthritis	Bursitis	Headaches
Osteoporosis	Cancer/ Tumors	Scoliosis
Tendonitis	Joint Pain	Sprains/Strains
Diabetes	Hypo or Hyperglycemia	Pregnant,
Seizures/Epilepsy	Cardiac/Circulatory Problems	Numbness/Stabbing Pains
Bruise Easily	Sensitive to Touch/Pressure	Fainting
Lack of energy	Weak/tired	Fibromyalgia
Dizziness	Pelvic pain	Miscarriages or abortions
Pacemaker	Nausea or vomiting	Parkinson's Disease
Psychological – Emotional – Psychiatric Concerns		
Anxiety	Anger/Rage	Nervousness
Depression	Sleep Difficulties	<i>PTSD</i>
Suicidal thoughts	Emptiness	Substance abuse
Moodiness	Worry	Anorexia/Bulimia
Sexual difficulty	Substance abuse	ADD/ADHD
Multiple Personality	Fear/terror	Dissociative Identity
Schizo affective diagnosis	Manic Depression	Bi-polar diagnosis

Do not use these exercises if pregnant. They are excellent however after having birthed your child because they will help release the trauma of the birthing process on the body.

Do not use these exercises if you are prone to seizures. They do not aggravate seizures in any manner but individuals with seizures seem to become frightened of the tremor response.

Are there any other health concerns not mentioned above that are important to mention prior to performing the exercises?

HEALTH CONCERNS

Reflect on your current health concerns in order from most bothersome to least bothersome. Please include Mental, Emotional, and Physical concerns

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

ALWAYS REMEMBER TO DRINK LOTS OF FLUIDS BEFORE, DURING AND AFTER ANY EXERCISE ROUTINE.