



The Bermuda Integrative Health Cooperative
 Nautilus House Lower Level
 82 South Shore Road,
 Warwick WK 08

Client Intake Form

CONTACT INFORMATION

Name _____ Date of Birth _____
 Address _____ Occupation _____
 _____ Height _____
 Postal Code _____ Parish _____ Weight _____
 E-mail _____ Gender Male Female
 Home Tel _____ Work _____ ext. _____ Cellular _____

HEALTH QUESTIONNAIRE

On the skeleton below circle the areas where you have had pain.



Please tick any ailments that you have suffered from.

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Lung Disorder |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> Sciatica | <input type="checkbox"/> Heart Disorder |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Fibromyalgia |

Please note any other conditions/illnesses or health concerns not listed?

Please describe any condition which may limit your participation.

Are you currently taking any medication? Yes No Do you smoke? Yes No

PLEASE GIVE DETAILS _____

Are you pregnant? Yes No If yes, how many months? _____

Due Date _____ Previous Delivery Vaginal "C" Section

Please list all surgeries and/or physical injuries _____ I currently exercise _____ times per _____

 _____ LIST THE TYPES _____
 _____ OF EXERCISE _____

Physician _____ Physiotherapist _____ Ob/gyn _____

NEW CLIENT SURVEY

Preferred appointment time _____ How did you hear about the Health Coop?

What is your reason for booking a lesson? PRACTITIONER FRIEND PRINT AD YELLOW PAGES

Signature: _____ **Date:** _____ **Received By:** _____



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Client Waiver Form

INFORMED CONSENT AND WAIVER & RELEASE OF LIABILITY

I have volunteered to participate in a program of progressive exercise and to retain the services of The Bermuda Integrative Health Co-operative Ltd. to receive physical training. I intend to assume all risks of injury from my participation. To that end, I acknowledge and agree to all of the following:

1. The muscle conditioning programs utilize various body conditioning modalities, strengthening techniques and stretching. The possible benefits of these programs include improving cardiovascular fitness and improved muscular function and flexibility.

During exercise there exists a potential for muscle soreness or stiffness, abnormal blood pressure, fainting, and disorders of heartbeat, and possible instances of heart attack and death. I assume all of the foregoing risks, and accept personal responsibility for any other damages or other injuries I may suffer.

2. I know I have the right to choose what exercises I do or do not perform in addition to withdrawing from any exercise at any time.
3. I understand that a physician's examination and approval should be obtained prior to participation in an exercise program.
4. I hereby fully and forever release, discharge, and hold harmless The Bermuda Integrative Health Cooperative Ltd., its agents, officers, directors, employees and shareholders individually from and against any and all liability to me, my heirs and next of kin, for any and all claims, demands, rights of action, causes of action, losses or damages on account of injury including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of The Bermuda Integrative Health Cooperative Ltd., its agents, partners, or employees or its related, "**RELEASES**" enumerated above or otherwise, and I hereby waive any right to sue any of the foregoing for any injuries I may sustain or losses I may incur whether known or unknown resulting from the activity described above.
5. I recognize that my participation in the activity covered hereby is conditioned upon my signing and returning this waiver and release. I understand that I may show this INFORMED CONSENT and WAIVER & RELEASE OF LIABILITY to, and consult with, my own independent legal counsel before signing.
6. The Bermuda Integrative Health Cooperative Ltd. have not made any representation as to the nature and quality of the facilities or equipment to be used as to any other matter related to my participation in the foregoing activity. I understand that the "**RELEASES**" enumerated above or otherwise owe no duty or obligation to me.
7. I have read and understood this INFORMED CONSENT and WAIVER & RELEASE OF LIABILITY and it accurately sets forth my intentions and I agree to be bound by its provisions.

NAME (PRINT): _____

SIGNATURE: _____ DATE: _____