



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: _____

Address: _____
Street _____ City _____ State _____ Zip Code _____

Phone: (home) _____ (cell) _____ (fax) _____

Email Address: _____

Occupation: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

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

Please select "YES" or "No" to the following:

YES NO

1. Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?		
2. Do you frequently have pains in your chest when you perform physical activity?		
3. Have you had chest pain when you were not doing physical activity?		
4. Do you lose your balance due to dizziness or do you ever lose consciousness?		
5. 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.)?		
6. Are you pregnant now or have given birth within the last six months?		
7. Have you had a recent surgery?		
8. Do you take any medications, either prescription or non-prescription, on a regular basis?		

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

If you answered YES to Question 8, what is the medication for?

If you answered YES to Question 8, how does this medication affect your ability to exercise?

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 Kathy Zumwalt. I understand there are inherent risks in participating in a program of strenuous exercise. Consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program within sixty (60) days of the date set forth below. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in the fitness program. If a physician has not examined me, I agree to see a physician within sixty (60) days of the date set forth below to obtain his/her approval for my participation in a fitness program. I agree that Kathy Zumwalt 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 Kathy Zumwalt 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)

2. I certify that the answers to the questions outlined on the PAR-Q 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 the PAR-Q 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)

3. 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)

4. 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)

5. 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)

6. I understand that Kathy Zumwalt 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)

7. I understand that during an exercise session, Kathy Zumwalt 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)

8. I understand that Kathy Zumwalt photographs many of her client events/sessions and I provide written approval for her 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.

SIGNATURE

DATE

Please check all conditions you have encountered throughout your lifetime.

Head / Neck

- TMJ / teeth grinding
- Jaw pain
- Headaches
- Neck pain
- Hearing / vision loss
- Sinus infections / allergies
- Thyroid dysfunction
- Other: _____

Neurological / Limbic

- Alzheimer's
- Memory loss
- Brain fog
- Anxiety / panic attacks
- Depression
- Other: _____

Right Shoulder

- Rotator cuff injury/pain
- Shoulder impingement
- Shoulder injury/pain
- Other: _____

Spine / Upper Back

- Upper back pain/injury
- Other: _____

Left Shoulder

- Rotator cuff injury/pain
- Shoulder impingement
- Shoulder injury/pain
- Other: _____

Lymphatic

- Lymphoma
- Lymph node swelling
- Breast cancer
- Fatigue
- Other: _____

Respiratory

- Asthma
- COPD
- Shortness of breath
- Lung disease
- Other: _____

Cardiovascular

- High blood pressure
- High cholesterol
- Stroke
- Heart disease
- Other: _____

Right Arm / Hand

- Carpel tunnel
- "Tennis elbow"
- Numbness in hand
- Hand always cold
- 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: _____

Left Arm / Hand

- Carpel tunnel
- "Tennis elbow"
- Numbness in hand
- Hand always cold
- Other: _____

Spine / Lower Back

- Lower back pain/injury
- Other: _____

Hips / Pelvis

- Pelvis pain/injury
- Hip pain/injury
- Hip replacement
- Other: _____

Reproductive / Urologic

- Menstrual cramps/PMS
- Yeast/bladder infections
- Infertility/miscarriage
- Urinary incontinence
- Erectile dysfunction
- Prostate issues
- Kidney stones
- Other: _____

Right Leg / Knee

- ACL injury
- Cartilage concerns
- Knee pain/injury
- Leg pain/injury
- Edema (swelling)
- Knee replacement
- Other: _____

Left Leg / Knee

- ACL injury
- Cartilage concerns
- Knee pain/injury
- Leg pain/injury
- Edema (swelling)
- Knee replacement
- Other: _____

Right Foot / Ankle

- Bunion
- Hammertoe
- Plantar Fasciitis
- Numbness in foot
- Foot always cold
- Foot pain/injury
- Ankle pain/injury
- Edema (swelling)
- Other: _____

Left Foot / Ankle

- Bunion
- Hammertoe
- Plantar Fasciitis
- Numbness in foot
- Foot always cold
- Foot pain/injury
- Ankle pain/injury
- Edema (swelling)
- Other: _____

Worksheet
CSI Inventory (Part A)

Please check the best response to the right of each statement.

Key for Scoring: Never = 0, Rarely = 1, Sometimes = 2, Often = 3, Always = 4

1. I feel tired and unrefreshed when I wake from sleeping.	Never	Rarely	Sometimes	Often	Always
2. My muscles feel stiff and achy.	Never	Rarely	Sometimes	Often	Always
3. I have anxiety attacks.	Never	Rarely	Sometimes	Often	Always
4. I grind or clench my teeth.	Never	Rarely	Sometimes	Often	Always
5. I have problems with diarrhea and/or constipation.	Never	Rarely	Sometimes	Often	Always
6. I need help in performing my daily activities.	Never	Rarely	Sometimes	Often	Always
7. I am sensitive to bright lights.	Never	Rarely	Sometimes	Often	Always
8. I get tired very easily when I am physically active.	Never	Rarely	Sometimes	Often	Always
9. I feel pain all over my body.	Never	Rarely	Sometimes	Often	Always
10. I have headaches.	Never	Rarely	Sometimes	Often	Always
11. I feel discomfort in my bladder and/or burning when I urinate.	Never	Rarely	Sometimes	Often	Always
12. I do not sleep well.	Never	Rarely	Sometimes	Often	Always
13. I have difficulty concentrating.	Never	Rarely	Sometimes	Often	Always
14. I have skin problems such as dryness, itchiness, or rashes.	Never	Rarely	Sometimes	Often	Always
15. Stress makes my physical symptoms get worse.	Never	Rarely	Sometimes	Often	Always
16. I feel sad or depressed.	Never	Rarely	Sometimes	Often	Always
17. I have low energy.	Never	Rarely	Sometimes	Often	Always
18. I have muscle tension in my neck and shoulders.	Never	Rarely	Sometimes	Often	Always
19. I have pain in my jaw.	Never	Rarely	Sometimes	Often	Always
20. Certain smells, such as perfumes, make me feel dizzy and nauseated.	Never	Rarely	Sometimes	Often	Always
21. I have to urinate frequently.	Never	Rarely	Sometimes	Often	Always
22. My legs feel uncomfortable and restless when I am trying to go to sleep at night.	Never	Rarely	Sometimes	Often	Always
23. I have difficulty remembering things.	Never	Rarely	Sometimes	Often	Always
24. I suffered trauma as a child.	Never	Rarely	Sometimes	Often	Always
25. I have pain in my pelvic area.	Never	Rarely	Sometimes	Often	Always
Total Each Column					
Overall Total					

Worksheet

CSI Inventory (Part B)

Have you been diagnosed by a doctor with any of the following disorders?

Please check the box to the right for each diagnosis and write the year of the diagnosis.

		No	Yes	Year Diagnosed
1	Restless Leg Syndrome			
2	Chronic Fatigue Syndrome			
3	Fibromyalgia			
4	Temporomandibular Joint Disorder			
5	Migraine or tension headaches			
6	Irritable Bowel Syndrome			
7	Multiple Chemical Sensitivities			
8	Neck injury (including whiplash)			
9	Anxiety or panic attacks			
10	Depression			