



*Rocky Mountain
Osteopathic Medicine
and Physical Therapy*

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Pilates and Yoga Intake Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Number: _____

Date of birth: _____

Email: _____

Occupation: _____

How did you hear of our Pilates and yoga training sessions?

Have you had any past Pilates and or yoga training? If yes, where and how long ago?

Are you here to do Pilates or yoga? Also, please list your fitness goals.

Do you exercise regularly? If yes, what activities do you enjoy and do on a regular basis?

Do you have any injuries or conditions that affect your ability to exercise? If yes, please describe.

Current Medications: _____

Are you currently under the care of a physician or physical therapist? If yes, have you been given any activity restrictions?

Medical History

Do you currently have or a history of the following conditions?

Yes	No	Condition	Additional Information
		Low back pain	
		Neck pain	
		Disc disease/herniation	
		Sciatica	
		Scoliosis	
		Osteoporosis	
		Arthritis	
		Hip/knee/ankle injuries	
		Shoulder/elbow/wrist injuries	
		High Blood Pressure	
		Shortness of Breath	
		Heart Disease	
		Cancer	
		Dizziness/vertigo	
		Neurological conditions	
		Are you pregnant?	
		Recent surgeries (past 12 months)	
		Other:	

Is there anything else you would like us to know?

Acknowledgement of risk and waiver of liability

Participant understands that Pilates and or yoga involves physical exertion, is strenuous, and that injuries may occur when participating in such activities. Participant accepts and assumes the risks associated with Pilates and or yoga, including, but not limited to, equipment malfunction or failure, overexertion, inability to perform suggested exercises or maneuvers, physical or mental conditions that impede the ability to properly perform suggested exercises or maneuvers, failure to properly operate equipment, and failure to follow instructions. Participant hereby freely and expressly assumes all risk of property damage, injury, and death associated with Pilates and or yoga.

Participant understands that it is his/her responsibility to consult with a physician prior to and regarding participation in Pilates and or yoga. Participant represents and warrants that he/she has no physical or mental condition that would prevent full participation in Pilates and or yoga. Participant agrees to inform his/her instructor immediately of any physical or mental condition that would prevent his/her full participation in Pilates and or yoga.

I understand that, by signing this statement, I am agreeing to release, hold harmless, and indemnify Rocky Mountain Osteopathic Medicine and Physical Therapy ("RMOMPT") and its owners, employees, agents, and insurers from any and all claims by or on behalf of Participant against RMOMPT arising directly or indirectly out of Participant's participation in Pilates and or yoga, use of any RMOMPT equipment or facilities, and participation in any class, program, or workshop offered by RMOMPT. This release includes claims and liabilities arising from any cause whatsoever, including, but not limited to, negligence on the part of RMOMPT. This release is binding upon Participant, and Participant's heirs, assigns, and legal representatives.

If signing on behalf of a minor Participant, Parent/Guardian accepts full responsibility for any medical expenses incurred due to the minor's participation in Pilates and or yoga agrees to release, hold harmless, and indemnify (including costs and attorney's fees) RMOMPT for any claims brought by or on behalf of the minor.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Participant's Signature _____ Date _____

Print Participant's Name _____

Sign here only if participant is under 18:

Signature of Parent/Guardian _____ Date _____

Print Parent/Guardian's Name _____