Please fill-in and bring forms with you for your assessment.

Corrective PhysEd

Corrective PhysEd includes a *comprehensive assessment* of your musculoskeletal system (approx. 2-hours) and an individualized *corrective program* which contains exercises and stretches that you can do at home. You also will learn simple techniques to improve how you sit, stand and move that will actively strengthen musculoskeletal support, improve balance, and promote healing by encouraging optimum support for internal organ-systems.

The comprehensive assessment includes;

- Range-of-motion (ROM) testing.
- Functional musculature analysis.
- Postural diagnosis.
- Strength and weakness assessment.

Important: A thorough understanding of the subtleties of correct posture, movement and breathing while performing the therapeutic corrective exercises is essential to obtaining their full benefits. Therefore, personal training sessions are necessary to ensure that the corrective exercises are performed correctly.

Assessment Guidelines

What to wear for your assessment

Wear loose, comfortable clothing. The knees need to be observed so shorts or pants that can roll up easily are ideal. The spine and shoulder also need to be assessed, so women please also wear a sports bra, men can wear a sleeveless t-shirt and can remove their shirt when needed during assessment.

Cost

Diagnostic assessment (2 - 3 hours) and custom program design: **Fee $300**

Additional costs: Exercise comprehension and performance training $60.00/hr
Two to three training sessions are required 60-90 min each. Amount of training is based on your individual needs.

Equipment requirements depend on the patient's needs. Additional costs may include some (inexpensive) exercise equipment, i.e., stability-ball, blood pressure cuff, exercise mat, etc.

Date:

Contact Information

First Name: MI:

Last Name:

Address:

City:

State/Prov: Zip/Postal Code:

Phone:

Cell Phone:

eMail:

Work Phone:

Identification

Age: Birth Date:

Height: Weight:

Gender: ☐ F ☐ M

Ethnicity:

Status: ☐ Married/Partner ☐ Single

Occupation:

Employer:

Employer Phone:

Primary Physician

Name:

Clinic name:

Address:

City:

State/Prov: Zip/Postal Code:

Phone:

Emergency Contact

Name:

Relationship:

Address:

City:

State/Prov: Zip/Postal Code:

Cell Phone:

eMail:

Phone/Daytime:

Phone/Evening:

Note / Comment

Current Medications

List all current medications, supplements and herbs, and reason for taking each:

Surgeries and Injuries

List any surgeries, include dates:

List any serious injuries, include dates:

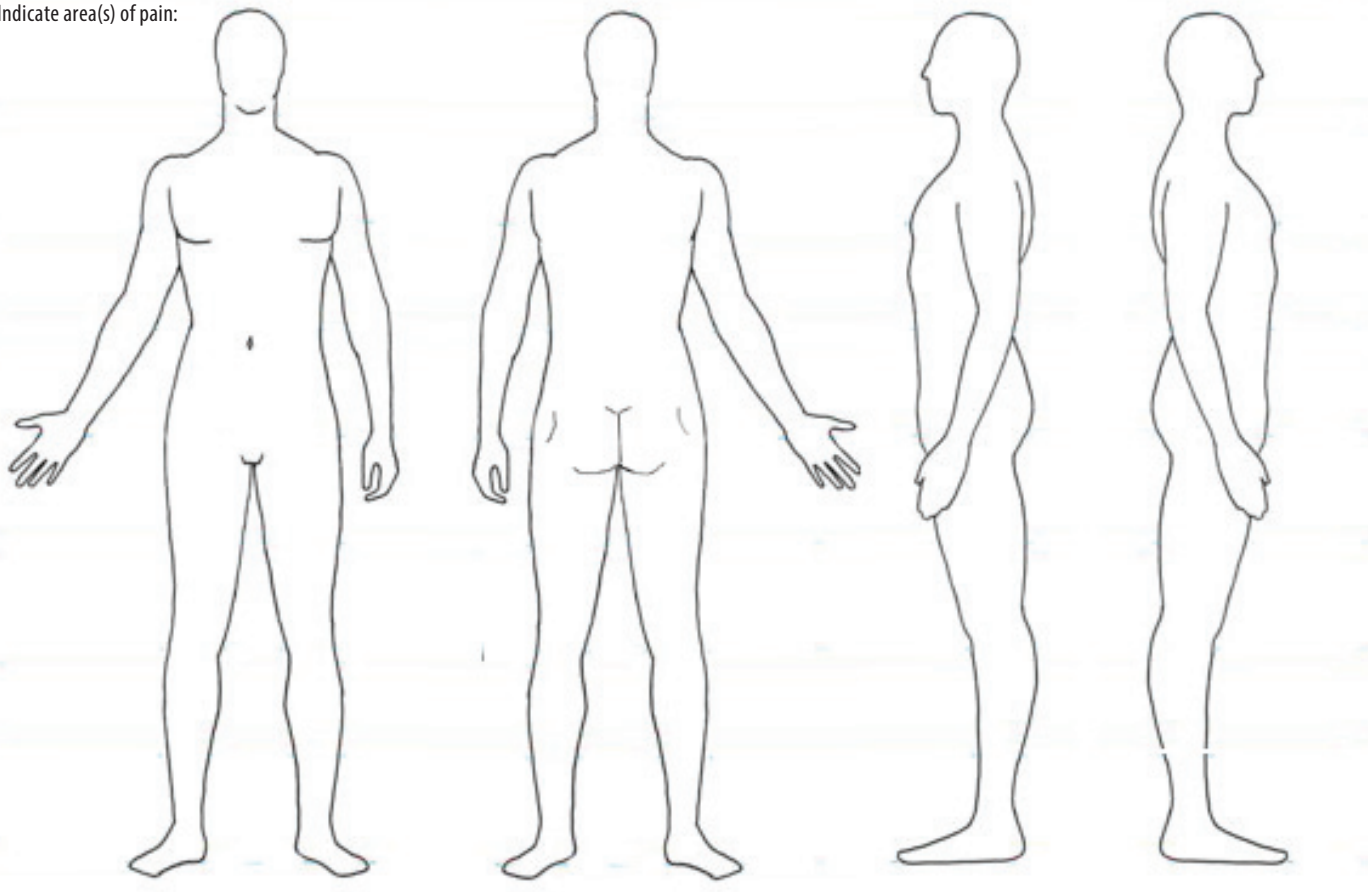
Serious Illness

List any serious illnesses, include dates:

List any long-term or persistent condition, include date condition began:

Pain

Indicate area(s) of pain:



Statement of Informed Consent

I hereby understand and agree to the following terms and conditions for my participation in the Corrective PhysEd program.

1. I understand and agree that I am participating in the Corrective PhysEd program offered by Health Elite LLC, during which I will receive information and instruction about exercise and health. I recognize that Corrective PhysEd may require physical exertion and physical contact, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with my physician prior to and regarding my participation in the Corrective PhysEd program. I represent and warrant that have no medical condition which would prevent my full participation in the Corrective PhysEd program.
3. In consideration of being permitted to participate in the Corrective PhysEd program, I agree to assume full responsibility for any risk, injuries or damages, known or unknown, which I might incur as a result of participating in the Corrective PhysEd program.
4. In further consideration of being permitted to participate in the Corrective PhysEd program, I knowingly, voluntarily and expressly waive any claim I may have against Julie Casper and Health Elite LLC for injury or damages that I may sustain as a result of participating in the Corrective PhysEd program.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Julie Casper and Health Elite LLC for any injury or death caused by their negligence or other acts

DIsclosure / Disclaimer

Please be advised that there are risks involved in participating in any exercise program, including Corrective PhysEd. By participating in the Corrective PhysEd program, you are assuming all risks of injury that might result. Health Elite LLC, and our instructors shall not be liable for any claims for injuries or damages whatsoever, resulting from or connected with the Corrective PhysEd program. We further disclaim any liability caused by intentional or unintentional negligence.

Patient Agreement and Waiver

I have had the opportunity to discuss the nature and purpose the Corrective PhysEd program with the program administrator; Julie Casper, C. Ac., Dipl. Ac., Certified C.H.E.K. Exercise Coach. All of my questions have been answered to my satisfaction. I understand that results are not guaranteed.

I have carefully read and understand all of the information on this form and am fully aware of what I am signing. I intend for this consent form to cover the entire course of my participation in the Corrective PhysEd Program, as well as any future participation for which I may seek evaluation and training at this clinic. I give my permission and consent to physical assessment, evaluation and the training of a specific exercise protocol tailored to improve my physical condition/pathology and improve my health and wellness.

To indicate that you have read, understand and agree with this document, please sign and date below. Patient Signature (or Guardian, if minor):

Signature:.....

Printed Name:.....

Date:.....

Address:.....

.....

City:.....

State/Prov:..... Zip/Postal Code:.....

Phone:.....

Cell Phone:.....