



Align Davis

a movement therapy studio

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New Client Profile

First Name _____ Last Name _____ Date _____

Address _____

Email _____ Phone _____

Date of Birth _____

Emergency Contact Name _____ Relationship _____

Emergency Contact Phone _____

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Health Summary

Cardiac Problems? _____ Osteoporosis? _____ Pregnant? _____

Lung Problems? _____ Arthritis? _____ Due Date? _____

Asthma? _____ Epilepsy? _____

Blood Pressure Problems? _____

Surgeries? _____

Chronic Injuries? _____

Acute Injuries? _____

Other? (explain) _____

Current Physical Activity and Frequency? _____

What are your goals for our work together? _____

24 Hour Cancellation Agreement

Please Initial ____ I understand that I am responsible for full payment of the service charge if I do not give a *minimum* of 24 hours cancellation notice for any scheduled session.