

# The Rocking Chair

LLC

60 Grand Avenue Englewood, NJ. 07631

(201) 308-5325

## Health History & Lifestyle Questionnaire and Cancellation Policy

### HEALTH HISTORY

Name \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ Sex  Male  Female

Physician's Name \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Person to contact in case of Emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Are you taking any medications or drugs? If so, please list medication, dose, and reason.

Describe any physical activity you do somewhat regularly.

<i>Do you have now or have ever had in the past:</i>	YES	NO
1. History of heart problems, chest pain, or stroke	<input type="checkbox"/>	<input type="checkbox"/>
2. Increased blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
3. Any chronic illness or condition	<input type="checkbox"/>	<input type="checkbox"/>
4. Difficulty with exercise	<input type="checkbox"/>	<input type="checkbox"/>
5. Advice from physician not to exercise	<input type="checkbox"/>	<input type="checkbox"/>
6. Recent surgery (last 12 months)	<input type="checkbox"/>	<input type="checkbox"/>
7. Pregnancy (now or within last 3 months)	<input type="checkbox"/>	<input type="checkbox"/>
8. History of asthma, breathing or lung problems	<input type="checkbox"/>	<input type="checkbox"/>
9. Muscle, joint or any other injury still affecting you	<input type="checkbox"/>	<input type="checkbox"/>
10. Diabetes or thyroid condition	<input type="checkbox"/>	<input type="checkbox"/>
11. Cigarette smoking habit	<input type="checkbox"/>	<input type="checkbox"/>

- 12. Obesity (20% over ideal body weight)
- 13. Increased blood cholesterol
- 14. History of heart problems in immediate family
- 15. Hernia or any condition that may be aggravated by movement

**Please explain any "yes" answers or any comments low. Please list any other conditions that we should be aware of below:**

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**LIFESTYLE**

**Physical Activity**

1. In the past year, how often have you been engaged in physical activity, including yoga, dance classes

- Regularly (3/4x per week)      Duration per Session \_\_\_\_ minutes
- Semi-regularly (1/2x per week)      Duration per Session \_\_\_\_ minutes
- Sporadic (1/2x per month)      Duration per Session \_\_\_\_ minutes
- None

2. What types of activity do you consider "fun"? \_\_\_\_\_

3. What are your personal barriers to movement? \_\_\_\_\_

4. Who or what gives you a feeling of support? \_\_\_\_\_

**Occupation/Relaxation**

7. What is your present occupation? \_\_\_\_\_

8. What do you do to relax? \_\_\_\_\_

9. What are your usual relaxation activities? \_\_\_\_\_

**Stressors**

10. What types of things make you feel stressed? \_\_\_\_\_

11. How do you deal with stress normally? \_\_\_\_\_

**Expectations**

16. Specifically describe what you would like to accomplish through the next:

1 month \_\_\_\_\_

3 months \_\_\_\_\_

6 months \_\_\_\_\_

**APPOINTMENTS AND CANCELLATIONS**

For your convenience we attempt to adhere to our schedule as closely as possible. Notice of cancellation is requested 24 hours in advance to enable us to give your appointment to another client. If you cannot or do not plan to keep your appointment please let us know 24 working hours in advance to avoid a charge. Unfortunately, if you fail to give us 24 hour advance notice, we will need to charge you a full fee for the missed appointment.

**SIGN HERE→** \_\_\_\_\_

Signature of Client (or parent/guardian)      Date

Print Name: \_\_\_\_\_



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Participant last name	First name	Init
Date of birth / Age	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address		
City	State	Zip
Home Phone	Cell	
Email		

### Agreement to Participate and Waiver of Liability

I understand that there are risks of physical injury associated with, arising out of and inherent to exercise activities and dance. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all right and/or causes of action of any kind, including any all claims of negligence arising as a result of such activity from which liability could accrue to The Rocking Chair LLC, Inner Rhythm LLC and its members, principals, shareholders, officers, directors, agents, trainers, instructors, employees and successors and any and all related companies of the foregoing, whether known or unknown to me (hereinafter collectively referred to as the "Indemnified Parties"). I declare that I, or my child, is in good physical health and can participate in exercise and dance activities. I hereby agree to release the Indemnified Parties and hold the Indemnified Parties harmless from all liability whatsoever suffered or incurred by me, and from any claims, demands, and causes of action arising from my participation in the program, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in their programs on behalf of the participant. I am aware that this is a release of liability and an acknowledgement of my voluntary and knowing assumption of the risk of injury. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation. The participant has my permission to participate in The Rocking Chair's programs and events. I warrant that all of the information on this form is complete and correct. I further release the Indemnified Parties from all liabilities associated with my and/or my child's attendance at The Rocking Chair's studios.

**SIGN HERE**  \_\_\_\_\_

Signature of Client (or parent/guardian)      Date

Print Name: \_\_\_\_\_