

Telan Nelson, PT

CA Licensed Physical Therapist #38927

Phone: (530) 492-0116

telanpt.com

CLIENT CONTACT INFORMATION

Name: _____ Date: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell/Work Phone: _____ Birthdate: _____

E-Mail Address: _____

Emergency Contact: _____ Phone: _____

CLIENT QUESTIONNAIRE

Primary Care Physician: _____

Who can we thank for you referral? _____

Do you authorize Telan Nelson, PT to communicate with your listed physician(s) regarding findings of Initial Evaluation and treatment? Yes _____ No _____ Initials _____

Describe your main concern(s) and goals for Wellness, Pilates, or Sport-Specific Training:

Weight: _____ Height: _____ Occupation: _____

Please list your medications:

Health Questionnaire

- | | |
|---|-----|
| 1. Has your doctor ever said you have any cardiovascular problems? | Y N |
| 2. Do you frequently suffer from chest pains? | Y N |
| 3. Have you ever had a heart attack? | Y N |
| 4. Do you ever experience an irregular or racing heart rate during exercise or at rest? | Y N |
| 5. Do you often feel faint or have spells of severe dizziness? | Y N |
| 6. Has a doctor ever said that your blood pressure is too high? | Y N |
| 7. Do you often have difficulty breathing? | Y N |
| 8. Has a doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be aggravated with exercise? | Y N |
| 9. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? _____ | Y N |
| 10. Are you over age 65 and not accustomed to vigorous exercise? | Y N |
| 11. Are you diabetic? | Y N |
| 12. Are you pregnant? | Y N |
| 13. Do you have a history of lumbar disc herniation or back surgery? | Y N |
| 14. Are you having back pain right now? | Y N |
| 15. Do you have osteoporosis or osteopenia? | Y N |
| 16. What surgical procedure(s) have you undergone and year (s) performed: | |

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- | | |
|--|-----|
| 17. Do you smoke? | Y N |
| 18. Date (approximate) of last physical examination? _____ | |

If you answered "yes" to any of the above questions, please list the number of that question and provide a brief explanation regarding your condition:

***If you answered "yes" to one or more questions, it is strongly recommended that you obtain your physician's approval to begin a graduated exercise program.**

***If you answered "yes" to one or more questions and choose not to seek medical clearance as recommended above, you must sign a waiver before receiving instruction from a Pilates teacher.**

***If you answered "no" to all of the questions, you have reasonable assurance of your present suitability for a graduated exercise program.**