B4 Club Therapy Intake Form

Profile Information Step 1 of 3

Please take a moment to fill out our online intake form before your visit. All information is kept completely confidential. We are slowly transitioning to all-digital database so even if you have filled out a form with us in the past, we ask that you fill out this new form. It will be a one-time process that sets you up into our new system for easier access for us and better treatment for you.

First Name

Last Name

Preferred Name (If Different)

Please provide at least one phone number. Your mobile number can be used to look up your Account and receive text message appointment reminders.

A number is required if you would like to receive SMS appointment reminders

Street Address

City

State

Postal/Zip

Date of Birth

Date:	Month:	Year:

Gender

☐ male ☐ female ☐ other

Guardian (if patient is under 18)

B4 Club Therapy Intake Form

How did you hear about us?

Questionnaires Step 2 of 3

Occupation

Movement Level at Work (Please Circle One)

Standing, Sitting, Hybrid

Medical History (Check All the Boxes That Apply)

Dizziness/Fainting, Bilateral Arm/Leg pain & weakness, Diabetes, Headaches/Migraines, Nausea/Vomiting, Epilepsy/Seizures, Anxiety, Asthma, Joint Dislocation, Bone Fracture, Degenerative disk Disease, Fibromyalgia, Rheumatoid/Osteo-arthritis, Osteoporosis, Cancer, Other

Are there any other medical conditions that the therapist should be aware of?

Please list ant major injuries, accidents, or surgeries you had within the last year?

B4 Club Therapy Intake Form

Data Collecting

Some of this information may be used for research studies. If you are not comfortable being a participant in any current or future studies, please circle No. if you would like to be included in the studies please circle Yes.

Yes No

Are you part of any sports? (Organized or Recreational)

Yes No

If you answered yes, what sports or activities?

Please choose your activity level

- ☐ Athlete (play in an organized sport or league)
- ☐ Recreation (work out 2+ times a week)
- ☐ Sedentary (Work out less than 2 times a week)

What is your primary source of pain? (please circle one)

Left Foot, Right Foot, Left Ankle, Right Ankle, Left Knee, Right Knee, Left Hip, Right Hip, Lower Back, Mid Back, Upper Back, Neck, Left Shoulder, Right Shoulder, Left Elbow, Right Elbow, Left Wrist, Right Wrist, Left Hand, Right Hand

What is/are your secondary source of pain (please circle all that apply. If you have none do not circle anything)

Left Foot, Right Foot, Left Ankle, Right Ankle, Left Knee, Right Knee, Left Hip, Right Hip, Lower Back, Mid Back, Upper Back, Neck, Left Shoulder, Right Shoulder, Left Elbow, Right Elbow, Left Wrist, Right Wrist, Left Hand, Right Hand

B4 Club Therapy Intake Form

Please select a number for your pain scale when resting (1 being none and 10 being excruciating)

1 2 3 4 5 6 7 8 9 10

What is a pain scale when active?

1 2 3 4 5 6 7 8 9 10

Added comments/feedback

Roaring Spring Only

How did you hear about us? (Circle one or more)

YMCA, Internet/Social Media, Friend, Ads, Rotary Club, Other

Are you a YMCA member, non-member, or Silver Sneakers? (Circle one)

YMCA Member, non-YMCA Member, Silver Sneakers

If you are not a member, would you consider becoming a member to also enjoy discounts for B4 club therapy?

Yes No

Signature

B4 Club Therapy Intake Form

Consents Step 3 of 3

Email Communication

Transactional Emails

You can opt to receive emails to keep you informed of new bookings, changes to your bookings, and reminders for upcoming appointments.

- ☐ I would like email notifications of new, cancelled, and rescheduled appointments.
- ☐ Email 24 hours before appointment

- ☐ Text Message (SMS) 24 hours before appointment

B4Club Patient Intake Form — Consents

Accuracy of Information

The above information is accurate and true to the best of my knowledge. If there are any changes in my current level of health, I will inform the person I am being treated by of my condition. I understand that this business does not diagnose or treat illness and/or disease and does not prescribe medications.

I certify that the above medical information is correct to my knowledge.

Privacy and Sharing of Information

I authorize the clinic and its associated health professionals to collect my personal and medical information as documented above. In addition, I authorize the clinic and its associated health professionals to communicate with my family doctor and/or referring doctor as deemed necessary for my beneficial treatment. I also understand that my personal and medical information is confidential and will only be disclosed to third parties with my permission.

I agree

B4 Club Therapy Intake Form

Cancellation policy

Your appointment time is reserved just for you. A late cancellation or missed visit leaves a hole in the therapists' day that could have been filled by another patient. As such, we require 24 hours notice for any cancellations or changes to your appointment. Patients who provide less than 24 hours notice, or miss their appointment, will be charged a cancellation fee to the card on file.

I am aware of the Cancellation Policy.

Signature

News and Special Promotions

- ☐ Yes, I would like to receive news & special promotions by email
- ☐ No, I would not like to receive news & special promotions by email