

Medical Release Form

Have You Ever Been Treated by a Physician for:

- | | |
|--------------------------|--|
| Arthritis | Rheumatoid Arthritis |
| Chronic Fatigue Syndrome | Anterior Cruciate Ligament Knee Injuries |
| Diabetes | Facet Joint Syndrome |
| Fibromyalgia | Herniated or Bulging Disc |
| Heart Disease | Spondylolisthesis |
| High Blood Pressure | Stenosis |
| Gastric Reflux | Total Hip Replacement |
| Glaucoma | Orthopedic/Joint Problems |
| Multiple Sclerosis | Peripheral Neuropathy |
| Osteoporosis | (numbness/tingling/diminished sensation) |

Other _____

Are you Pregnant? Yes No Prior Deliveries: _____

Prior Surgeries: _____

Prior Injuries, Musculoskeletal and Neuromuscular Issues:

- | | |
|---------------------------------------|--------------------------|
| Adhesive Capsulitis (frozen shoulder) | Thoracic Outlet Syndrome |
| Carpal Tunnel Syndrome | Rotator Cuff Impingement |
| Plantar Fasciitis | |

Other _____

Are you currently taking Medications? Yes No If so please list.

Activity Level/Exercise Frequency: _____

Prior Movement Experience?: (dance, Feldenkrais, yoga, etc.)

Signature: _____ Date: _____

(I will bring the completed Release Form and have it signed at our appointment)