

CONFIDENTIAL REGISTRATION FORM

PERSONAL DETAILS

First Name

Surname

Date of Birth

Email

Mobile

EMERGENCY CONTACT

Name

Phone

Welcome! What has brought you to Movewell? What are your goals?

SPECIFIC HEALTH INFORMATION

Please detail any health issues that may be relevant to our work together. Please include any medications you are taking and how they might effect your ability to participate in classes.

AGREEMENT

In undertaking a program with Movewell, I agree to work within my limitations. I have disclosed all relevant information so that we can work together safely.

Signature

Date

movewell

- Head/Neck**
- TMJ/Teeth grinding
 - Jaw pain
 - Headaches
 - Neck Pain
 - Hearing/Vision loss
 - Sinus infections/Allergies
 - Thyroid dysfunction
 - Other

- Neurological/Limbic**
- Alzheimer's
 - Memory loss
 - Brain fog
 - Anxiety/Panic Attacks
 - Depression
 - Other

- Right Shoulder**
- Rotator cuff injury/pain
 - Shoulder impingement
 - Shoulder injury/pain
 - Other

- Spine-Upper Back**
- Upper back pain/injury
 - Other

- Left Shoulder**
- Rotator cuff injury/pain
 - Shoulder impingement
 - Shoulder injury/pain
 - Other

- Lymphatic**
- Lymphoma
 - Lymph node swelling
 - Breast cancer
 - Fatigue
 - Other

- Cardiovascular**
- High blood pressure
 - High cholesterol
 - Stroke
 - Heart disease
 - Other

- Respiratory**
- Asthma
 - COPD
 - Shortness of breath
 - Lung disease
 - Other

- Right Arm/Hand**
- Carpel tunnel
 - "Tennis Elbow"
 - Numbness in hand
 - Hand always cold
 - Other

- Digestive**
- Constipation/Diarrhea
 - Acid Reflux/Heartburn
 - Diverticulitis
 - Gallstones
 - Unexplained weight gain or loss
 - Other

- Organ Function**
- Diabetes
 - Kidney disease
 - Gallstones
 - Appendicitis
 - Liver dysfunction
 - Adrenal dysfunction
 - Other

- Left Arm/Hand**
- Carpel tunnel
 - "Tennis Elbow"
 - Numbness in hand
 - Hand always cold
 - Other

- Spine-Lower**
- Lower back pain/injury
 - Other

- Reproductive/Urologic**
- Menstrual cramps/PMS
 - Yeast/Bladder infections
 - Infertility/Miscarriage
 - Urinary incontinence
 - Erectile dysfunction
 - Prostate issues
 - Kidney stones
 - Other

- Hips/Pelvis**
- Pelvis pain/injury
 - Hip pain/injury
 - Hip replacement
 - Other

- Right Leg/Knee**
- ACL injury
 - Cartilage concerns
 - Knee pain/injury
 - Leg pain/injury
 - Edema (swelling)
 - Knee replacement
 - Other

- Left Leg/Knee**
- ACL injury
 - Cartilage concerns
 - Knee pain/injury
 - Leg pain/injury
 - Edema (swelling)
 - Knee replacement
 - Other

- Right Foot/Ankle**
- Bunion
 - Hammertoe
 - Plantar Faciitis
 - Numbness in foot
 - Foot always cold
 - Foot pain/injury
 - Ankle pain/injury
 - Edema (swelling)
 - Other

- Left Foot/Ankle**
- Bunion
 - Hammertoe
 - Plantar Faciitis
 - Numbness in foot
 - Foot always cold
 - Foot pain/injury
 - Ankle pain/injury
 - Edema (swelling)
 - Other