

PARADIGM PHYSICAL THERAPY AND WELLNESS  
POLICY FOR PAYMENT SCHEDULE AND INITIAL GYM  
SET UP APPOINTMENT

\_\_\_\_\_ It is the policy of Paradigm Physical Therapy & Wellness that all payments for gym memberships will be due at the first of every month. Any customer wishing to join any time after the first of the month will be billed at a pro-rated rate of \$10.00 per week for the remaining weeks in that month plus \$5. **Membership fees are non-refundable.**

\_\_\_\_\_ It is the policy of Paradigm Physical Therapy & Wellness to collect \$40.00 for members to reserve an appointment with our Strength and Conditioning Specialist for your gym evaluation and two appointments thereafter to set up your initial fitness program. **This fee is non-refundable.**

\_\_\_\_\_ **PT TRANSFERS ONLY** It is the policy of Paradigm Physical Therapy & Wellness to collect \$40 for a gym evaluation after 90 days of discharge from Physical Therapy. There will be no charge for set-up appointments if member transfers from PT within 30 days. Silver Sneakers and Prime Healthways members need an orientation of 15 minutes minimum, but the \$40 evaluation/2 appointments with the Fitness Coordinator are highly recommended. **This fee is non-refundable.**

**A \$35.00 FEE WILL BE ASSESSED FOR EVERY INSUFFICIENT FUND  
NOTICE WE RECEIVE FROM YOUR BANK**

I have read the above policy and agree to these terms.

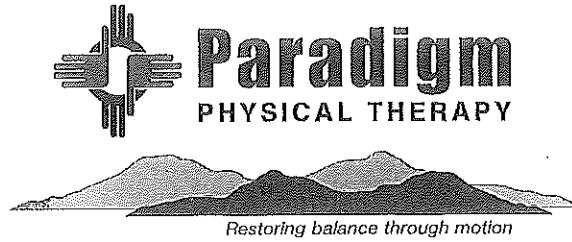
\_\_\_\_\_  
Print your name

X

\_\_\_\_\_  
Signature

X

\_\_\_\_\_  
Date



**Paradigm Physical Therapy and Wellness**  
**Facility Use Waiver**

**Participant Agreement**

I understand and recognize that I may experience potential health risks, such as but not limited to, light headedness, nausea, dizziness, fainting, dehydration, muscle strain, back injury, or death by participating in the exercise programs, services, and facilities offered by Paradigm Physical Therapy and Wellness, and hereby assume full responsibility if such health risks occur. I am fully aware that it is my obligation to immediately inform the staff at Paradigm if I experience such health risks or any pain, discomfort, or any other abnormal symptoms that may occur during my participation. I understand that I may stop my participation of any activity if I so desire. I also understand that I may be requested to stop any activity by any staff member and must comply with this request, if the staff member observes symptoms of distress or other abnormal responses to exercise. I understand that staff members may include individuals who are not licensed, certified, or registered and acknowledge that their competencies and skills will vary according to experience and training.

I understand that Paradigm may request or require a physician release in order to participate in any of our programs. I acknowledge that if I have not obtained physician clearance to begin an exercise program, that I accept full responsibility for any adverse reactions from said program and that I am participating of my own free will and hereby release Paradigm Physical Therapy and Wellness from any and all claims.

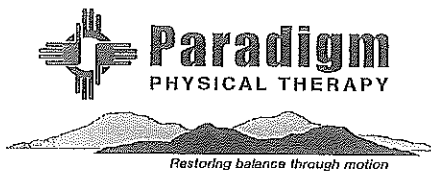
**Participant Rules**

All participants in Paradigm Fitness programs agree to adhere to the rules and regulations as mandated by policy. I acknowledge that policies may change over time and that failure to comply with established policy may result in termination of membership.

**I HAVE CAREFULLY READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_  
(If participant is under the age of 18)



**ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT: \_\_\_\_\_

(Name of Event)

including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Paradigm Physical Therapy and Wellness and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that Paradigm Physical Therapy and Wellness and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

**I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.**

Participant's Signature  
(Please print legibly.)

Date

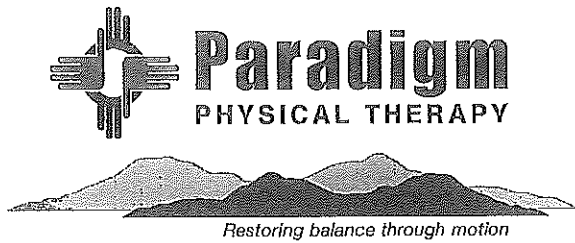
Participant's Name

Age

Parent/Guardian Signature

Date

(If under 18 years old, Parent or Guardian must also sign.)



PARADIGM PHYSICAL THERAPY AND WELLNESS  
POLICY FOR PERSONAL TRAINING AND REASSESSMENT

I hereby acknowledge that my fitness program will be reassessed every 6 weeks by my personal trainer if I so desire at no extra charge. The reassessment would consist of 2 set up appointments review fitness program and make any desired changes. Personal training is available with our certified personal trainers. If you have any questions or concerns please contact the fitness coordinator about additional information.

1:1 time with a personal trainer is available for \$20.00 per session or see Personal training packages below. Each personal training session last 1hour and is subject to change if client arrives late. **Personal Training is Non-Refundable.**

**Cancellation/ No Show Policy**

A personal trainer requires a 24-hour notice of cancellation of appointment. If for any reason a client no shows or cancels within that 24 hour period, a personal training session will be lost and would not be added at the end of scheduled appointments. There will be a charge of \$20.00 if a client No Shows for two appointments in a row.

5 sessions Buy 4 get 1 free \$80.00	10 sessions Buy 8 get 2 free \$160.00
15 sessions Buy 12 get 3 free \$240.00	20 sessions Buy 16 get 4 free \$320.00
25 Sessions Buy 20 get 5 free \$400.00	\$20.00 per session For 1:1 time

I have read the above policy and agree to these terms.

\_\_\_\_\_  
Print your name

X \_\_\_\_\_  
Signature

X \_\_\_\_\_  
Date

## HEALTH STATUS QUESTIONNAIRE

### SECTION 1. GENERAL INFORMATION

1. Date \_\_\_\_\_
2. Name \_\_\_\_\_
3. Mailing address \_\_\_\_\_ Phone (H) \_\_\_\_\_  
\_\_\_\_\_ Phone (W/C) \_\_\_\_\_  
Email \_\_\_\_\_ Subscribe to newsletter(its Free) Yes \_\_\_ No
4. Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_
5. Person to contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_
6. Gender (circle one): Female      Male
7. Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
8. Height \_\_\_\_\_ Weight \_\_\_\_\_
9. Number of hours worked per week:    Less than 20    20-40    41-60    Over 60    Retired
10. More than 25% of the time at your job is spent (circle all that apply)  
    Sitting at a desk      Lifting loads      Standing      Walking      Driving

### SECTION 2 Wellness and Lifestyle INFORMATION

11. Reason for participating in a wellness program: Exercise    Nutrition    Stress Management    Cont Rehab
12. List all medication taken in the last 6 months:  
\_\_\_\_\_  
\_\_\_\_\_
13. Please list any orthopedic conditions. Include any injuries in the last six months  
\_\_\_\_\_
14. Any of these health symptoms that occur frequently (two or more times/month) and **requires medical attention**. Please check any that applies.
  - a. \_\_\_\_\_ Cough up blood
  - b. \_\_\_\_\_ Abdominal pain
  - c. \_\_\_\_\_ Low-back pain
  - d. \_\_\_\_\_ Leg pain
  - e. \_\_\_\_\_ Arm or shoulder pain
  - f. \_\_\_\_\_ Chest pain
  - g. \_\_\_\_\_ Swollen joints
  - h. \_\_\_\_\_ Feel faint
  - i. \_\_\_\_\_ Dizziness
  - j. \_\_\_\_\_ Breathless with slight exertion
  - k. \_\_\_\_\_ Palpitation or fast heart beat
  - l. \_\_\_\_\_ Unusual fatigue with normal activity

Other \_\_\_\_\_

**SECTION 3. MEDICAL HISTORY**

15. Please circle any of the following for which you have been diagnosed or treated by a physician or health professional:

- |                     |                |                      |
|---------------------|----------------|----------------------|
| Alcoholism          | Diabetes       | Kidney Problem       |
| Anemia, sickle cell | Emphysema      | Mental illness       |
| Anemia, other       | Epilepsy       | Neck strain          |
| Asthma              | Eye Problems   | Obesity              |
| Back strain         | Gout           | Phlebitis            |
| Bleeding trait      | Hearing loss   | Rheumatoid arthritis |
| Bronchitis, chronic | Heart problems | Stress               |
| Stroke              | Cancer         | High blood pressure  |
| Thyroid problem     | Cirrhosis      | HIV                  |
| Ulcer               | Concussion     | Hypoglycemia         |
| Congenital defect   | Hyperlipidemia | Other _____          |

16. Circle any operation you have had:

- |      |        |        |             |       |      |
|------|--------|--------|-------------|-------|------|
| Back | Heart  | Kidney | Eyes        | Joint | Neck |
| Ears | Hernia | Lung   | Other _____ |       |      |

17. Circle any who died of heart attack before age 50: Father    Mother    Brother    Sister    Grandparent

**SECTION 4. HEALTH-RELATED BEHAVIORS**

19. Have you ever smoked?                      Yes                      No

20. Do you currently smoke?    Yes                      No

21. If you are a smoker, indicate the number smoked per day:

- |                       |                                      |       |       |     |
|-----------------------|--------------------------------------|-------|-------|-----|
| Cigarettes:           | 40 or more                           | 20-39 | 10-19 | 1-9 |
| Cigars or pipes only: | 5 or more or any inhaled less than 5 |       |       |     |

22. Do you exercise regularly? Yes                      No

23. Last physical fitness test: \_\_\_\_\_

24. How many days a week do you accumulate 30 minutes of moderate activity?

- |   |   |   |   |   |   |   |   |               |
|---|---|---|---|---|---|---|---|---------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | days per week |
|---|---|---|---|---|---|---|---|---------------|

25. How many days per week do you normally spend at least 20 minutes in vigorous exercise?

- |   |   |   |   |   |   |   |   |               |
|---|---|---|---|---|---|---|---|---------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | days per week |
|---|---|---|---|---|---|---|---|---------------|

26. Weight now: \_\_\_\_\_                      One year ago: \_\_\_\_\_                      Age 21: \_\_\_\_\_

27. List everything not included on this questionnaire that may cause you problems in a fitness test or program:

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How did you hear about our fitness/gym programs?

***Silver Sneaker program:***

Newspaper, Internet, etc \_\_\_\_\_  
Physician \_\_\_\_\_  
Friend \_\_\_\_\_  
While here for Physical Therapy \_\_\_\_\_  
Other Explain \_\_\_\_\_

***Wellness and Gym programs:***

Newspaper, Internet, etc \_\_\_\_\_  
Physician \_\_\_\_\_  
Friend \_\_\_\_\_  
While here for Physical Therapy \_\_\_\_\_  
Other Explain \_\_\_\_\_

# PAR – Q & YOU

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. The PAR-Q will tell you if you should check with your doctor before you start.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have bone or joint problem (for example, back, knee, hip) that could be made worse by a change of your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs, (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

### YES to one or more questions

Talk with your doctor by phone or in person before becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and to which questions you answered YES.

- You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, You may need to restrict your activities to those that feel safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you

### NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.

Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active

### DELAY BECOMING MUCH MORE ACTIVE:

- If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better
- If you are or may be pregnant – talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

*NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.*

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ WITNESS \_\_\_\_\_