

MUSCLE BALANCE AND FUNCTION (MBF®)

CLIENT PROFILE

FULL NAME:

AGE:

DATE:

(All your information is held strictly confidential)

If you have any questions about this form or how to fill it in please contact Sefali on 07883078625 or sefali.dhani@hotmail.co.uk

PLEASE DESCRIBE YOUR SYMPTOMS:

Are you taking any medications? Which ones?

Do you suffer from any medical conditions? Which ones?

Do you feel pain? Where exactly? (eg. back of left knee)

How intense is the pain? (1-10, 1=mild, 10=unbearable)

Is the pain dull or sharp?

When do you feel the pain? Does anything trigger the pain?

Do you experience restricted movement in any part of your body?

Do you feel stiff anywhere? When? How bad is it?

Are there any activities or motions that cause you pain?

Do you feel any sensations such as numbness? Where?
When?

ACTIVITY

What are the physical demands of your job?

How many hours do you spend sitting down each day?

What physical activities do you do when not at work? (eg gardening)

How much walking do you do during the week? (time and distance)

Do you play any sports or physical games? Which ones? how often?

Are you following a fitness program? Please describe the program.

HEALTH, FITNESS AND PERFORMANCE GOALS

Please describe the improvements in your health, fitness and performance you want to achieve or experience? (Are you preparing for a physically demanding event such as a marathon?, Do you want to perform better at any sport your playing? Do you simply want to be pain free when walking up a flight of stairs?

What can't you do now that you would like to do?

How much time a day are you able or willing to devote to the programme we prescribe for you?

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All information you supply to us is held strictly confidential

Data Protection

Personal information provided on this form will only be used for the purposes of assessing the client's suitability for exercise in accordance with the Trainers insurance policy. The information collected shall not be shared with any external party without your full permission except as by required by law or in case of an emergency. The information provided shall be stored for the full duration of the training

program and the client shall have the ability to recall the information provided at any time. By consenting to this privacy notice you are giving us permission to process your personal data specifically for the purposes referred to above. Consent is required to process personal data and must be explicitly given. Where we are asking you to provide sensitive data we will always tell you why and how the information may be used. You may withdraw your consent at any time.

I have read and agree with the above statement (tick)

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SIGNED

DATED

Please sign and return to Sefali's Yoga. Thank you.