



QUESTIONS FOR BALANCE AND FLEXIBILITY CLASS PARTICIPANTS

Please fill out the form and upon completion email to sean@stretchnfold.com.
All information below is confidential. Completed forms must be received prior to your first session

Full Name

How would you rate your level of fitness:

Excellent Good Fair Poor

Have you ever engaged in a formal strength, conditioning program, ie yoga, running?

Yes No

How long did you participate?

Months Years

Is it ongoing?

Yes No

Are you under a doctors care for any health related conditions? ie cardiac disease?

Yes No

High blood pressure?

Yes No

Episodes of dizziness?

Yes No

Have you ever been restricted from participating in a regular program of exercise activity?

Yes No

Can you identify any of your daily activities that are difficult or impossible to perform

(ie, rising from the floor to stand; picking items off the floor going down stairs)

Yes No Name that activity(s)

Can you name 3 areas of your body that are currently or have, in the recent past, been a concern or a painful region

1.

2.

3.