

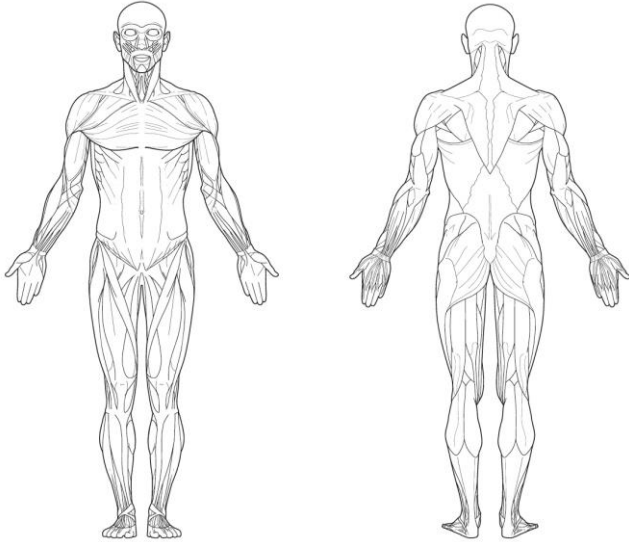
PRE-Workshop/Class Survey

DATE: _____

Your Full Name _____ Age: _____ Sex: M F

Email Address: _____ Cell Phone: _____

1) Where is the MOST painful area? (Indicate on the diagram below)



2) What's the pain level on a scale from 1 to 10? ____/10
(1 is mild, 10 is severe)

3) Describe your pain in detail:

4) When and HOW did it start?

5) What makes it worse?

6) What makes it better?

4) What is one thing you can't do that you absolutely want to be able to do again?
When is the last time you were able to do this activity? (give date)

5) How would you describe your condition: Stable/Improving Unstable/Unpredictable Other: _____

6) Have you seen any doctor or received treatment for this within the last 6-months? ___NO ___YES

If yes, what?

7) What do you MOST want to get out of this workshop/class?

I fully understand and acknowledge that (a) the activities in which I will engage as part of this workshop/class provided by Flex Physical Therapy and the physical/occupational therapy activities and equipment I may use as a part of this event have inherent risks, dangers, and hazards and such exists in my use of any equipment and my participation in these activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, and fractures or other ailments that, could cause serious disability; (c) these risks and dangers may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, or other causes. By my participation in these activities and for use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or the conduct of the representatives or employees of Flex Physical Therapy, or by any other person. I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Flex Physical Therapy and their representatives, employees, and assigns from any and all claims, actions or losses for bodily injury, property damage, loss of services or otherwise which may arise out of my use of any equipment or participation in these activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the representatives or employees of Flex Physical Therapy.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE FLEX PHYSICAL THERAPY FROM LIABILITY FOR PERSONAL INJURY, OR PROPERTY DAMAGE CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Your Name: _____ Signature _____ Date: _____