



### **Welcome to Natural Body Abilities**

Our goal is to provide you with a personalized traingsplan, based on your unique needs. To help us better understand how we can assist you, please fill in the form below.

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ ID number: \_\_\_\_\_

Residential Adress: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Health Information**

**Please provide details regarding your spine – Do you experience pain/discomfort in one of the following areas?**

- Upper spine?       Yes       No
- Middle spine?       Yes       No
- Lower spine?       Yes       No

- Please specify:

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**Please indicate if you experience any discomfort, pain or issues in the following joints:**

- Knee?                     Yes             No  
Please specify: \_\_\_\_\_  
\_\_\_\_\_
- Hip?                     Yes             No  
Please specify: \_\_\_\_\_  
\_\_\_\_\_
- Shoulder?     Yes             No  
Please specify: \_\_\_\_\_  
\_\_\_\_\_
- Neck?             Yes             No  
Please specify: \_\_\_\_\_  
\_\_\_\_\_
- Ankle/Wrist?  Yes             No  
Please specify: \_\_\_\_\_  
\_\_\_\_\_
- Ellbow?             Yes             No  
Please specify: \_\_\_\_\_  
\_\_\_\_\_

**Have you undergone any surgeries or operations in the past?**

Yes                     No

If yes, please provide a brief description of the procedure(s) and the date(s) of occurrence

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**Do you participate in any sports or physical activities? How frequently?**

Yes                     No

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**Any allergies or sensitivities we should be aware of?**

Yes

No

If yes, please specify:

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**Current Medications** (Please list any current medications or supplements):

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**In case of an emergency, please provide the contact details of someone we can reach out to:**

- **Name:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Relationship:** \_\_\_\_\_

**Terms and Conditions**

**Package Validity**

- Packages with **3 or 5 sessions** are valid for **2 months** from the date of purchase
- Packages with **10 or 20 sessions** are valid for **5 months** from the date of purchase

**Refund Policy**

- We do not offer refunds on purchased packages. However, sessions may be transferred to a third party

**Session Duration**

- Each session is 55 minutes.

**Cancellation Policy**

- To help manage schedules and accommodate others, **no-shows and cancellations** made **after 5:00 PM** the day before your appointment will be charged
- If Natural Body Abilities needs to cancel or reschedule, the session will **not** be deducted from your package

\_\_\_\_\_  
Date, Signature Client

