



5200 Park Road #124  
Charlotte NC 28209  
704.516.2586  
InnergyWorks.com

## Contact Information

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## General Health Information

Age: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Health History: \_\_\_\_\_

Medications: \_\_\_\_\_

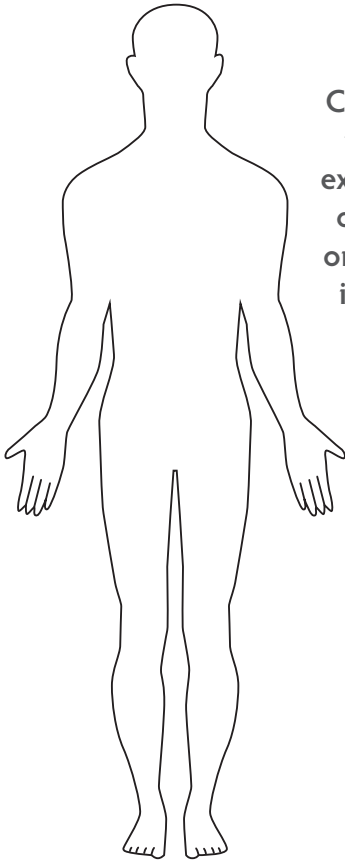
Conditions: \_\_\_\_\_

Short Term Goals (1-4 months): \_\_\_\_\_

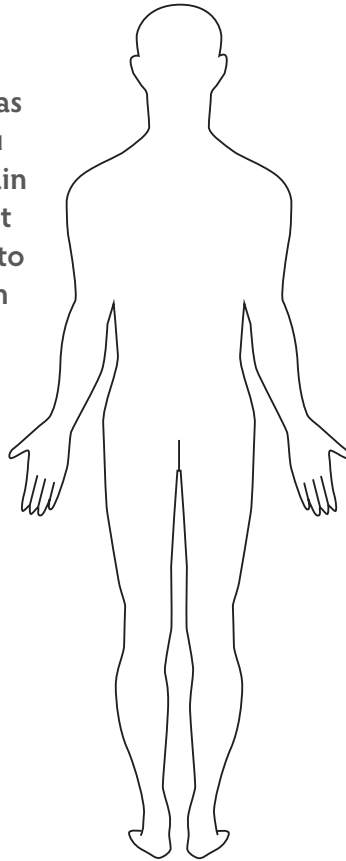
Long Term Goals (5-12 months): \_\_\_\_\_

# Health History & Concerns

Front



Back



Circle the areas in which you experience pain or discomfort or would like to improve with exercise

Description of circled areas (why the area hurts, how long have you had discomfort, etc.):

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List any other health conditions we should know about:

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## Statement of Release

I am aware that some activities may include difficult physical stresses that could lead to possible injury. I am voluntarily participating in these activities with this knowledge and agree to assume any and all responsibility for bodily injury, death, or property damage, regardless of if the risks are known or unknown. I understand that Innergy Works Total Body, or any affiliate thereof, is not responsible for my person in any way, share, or form before, during, or after these activities.

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



**Certified Provider**  
The Gold Standard in Soft Tissue Treatment