



P.R.I.M.E. STRETCH

PURPOSEFUL RECOVERY • IMPROVES MOBILITY EVERYDAY

New Client Intake Form

Please complete all applicable fields before your first assisted-stretching session.

CLIENT INFORMATION

FULL NAME

DATE OF BIRTH

AGE

PHONE NUMBER

EMAIL ADDRESS

HOME ADDRESS

EMERGENCY CONTACT

EMERGENCY CONTACT PHONE

HEALTH HISTORY

Have you ever been diagnosed with any of the following? Check all that apply.

High Blood Pressure

Heart Disease

Diabetes

Arthritis

Osteoporosis

Asthma

Chronic Pain

Neurological Disorder

Recent Surgery

Joint Replacement

Herniated Disc

Sciatica

Pregnancy

None

Other medical conditions:

Current medications:

Allergies:

Has your physician advised you against stretching or exercise?

Yes

No

If yes, explain:



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Mobility & Flexibility Assessment

Your answers help P.R.I.M.E. Stretch tailor sessions to your goals and current limitations.

PRIMARY GOALS & CONCERNS

What brings you in today? Check all that apply.

☐ General flexibility	☐ Sports performance
☐ Injury prevention	☐ Recovery
☐ Back pain	☐ Neck pain
☐ Hip tightness	☐ Shoulder tightness
☐ Hamstring tightness	☐ Improve posture
☐ Stress relief	☐ Other

If other, describe:

AREAS OF TIGHTNESS / RESTRICTION

☐ Neck	☐ Shoulders	☐ Upper Back
☐ Lower Back	☐ Hips	☐ Glutes
☐ Hamstrings	☐ Quadriceps	☐ Calves
☐ Ankles	☐ Wrists	☐ Other

If other, describe:

CURRENT SYMPTOMS & ACTIVITY

Rate your overall flexibility (1 = very poor, 10 = excellent): 3 4 5 6 7 8 9 10

Rate your pain today (0 = no pain, 10 = worst pain): 1 2 3 4 5 6 7 8 9 10

Do you currently experience numbness or tingling? Yes No

If yes, explain:

Have you had any injuries in the past year? Yes No

If yes, describe:



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Lifestyle & Session Information

Please provide context that may affect positioning, movement, recovery, and session planning.

LIFESTYLE INFORMATION

OCCUPATION

HOURS SITTING / DAY

How often do you exercise? ☐ 1–2 days/week ☐ 3–4 days/week ☐ 5+ days/week

Sports, physical activities, or hobbies:

SESSION PREFERENCES

Are there any movements, positions, or areas you prefer to avoid?

Is there anything else you want your practitioner to know?

CLIENT ACKNOWLEDGMENT

I certify that the information I have provided is accurate and complete to the best of my knowledge. I understand that I should update P.R.I.M.E. Stretch if my health status, medications, injuries, or physical limitations change.

Client Signature

Date



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Informed Consent & Liability Acknowledgment

Please read carefully before signing.

ASSISTED STRETCHING CONSENT

I understand that assisted stretching is a wellness and mobility service intended to support flexibility, range of motion, movement quality, and general physical well-being.

I understand that assisted stretching is not medical treatment, physical therapy, chiropractic care, diagnosis, or a substitute for care from a licensed healthcare professional.

I understand that physical activity and assisted stretching may involve risks, including temporary soreness, discomfort, muscle strain, joint irritation, dizziness, or other injury. I agree to communicate immediately if I experience pain, numbness, dizziness, or discomfort.

I understand that P.R.I.M.E. Stretch may modify, pause, or discontinue a session when information provided by me or my physical response indicates that a movement may be inappropriate.

I have disclosed relevant medical conditions, medications, injuries, surgeries, limitations, and symptoms to the best of my knowledge. I understand that failure to disclose relevant information may increase risk.

I voluntarily choose to participate in assisted stretching and acknowledge the inherent risks associated with physical movement. To the extent permitted by applicable law, I agree to release and hold harmless P.R.I.M.E. Stretch and its practitioner from claims arising from my participation, except to the extent caused by gross negligence or willful misconduct.

COMMUNICATION CONSENT

I agree to receive appointment-related communications by: ☒ Email ☐ Phone

I understand I may withdraw communication consent for future non-essential messages.

PHOTO / TESTIMONIAL CONSENT

May P.R.I.M.E. Stretch use my testimonial or progress photo for marketing? ☒ Yes ☐ No

Marketing use requires separate, voluntary permission and will not affect my ability to receive services.

SIGNATURE

Client Signature

Date

Printed Name