

Developmental Fitness Company
403 Elm Avenue
P.O. Box 1025
North Wales, PA 19454



Main Office: 215-699-3075
Fax: 215-699-4588
info@developmentalfitness.com
http://www.developmentalfitness.com

SERVICE REFERRAL PACKET

GENERAL INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

Sex _____ Date of Birth ____/____/____

Email _____

EMERGENCY CONTACT INFORMATION

Parents of Guardian _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

Secondary Contact Phone () _____

Email _____

INSURANCE INFORMATION

Company _____

Policy Number _____

Additional Information _____



FAMILY HISTORY

Please mark if there is any family history of the following conditions:

Hypertension _____ Heart Attack _____ Stroke _____

Cancer _____ Diabetes _____ Multiple Sclerosis _____

Are both parents living?

If no, of what cause and what age did either decease?

PERSONAL HEALTH HISTORY

Please check if you have or have had any history of problems with the following conditions:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Abnormal EKG | <input type="checkbox"/> Seizures | <input type="checkbox"/> Phlebitis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Kidney Problems | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Cancer | <input type="checkbox"/> Emphysema |
| <input type="checkbox"/> Embolism | <input type="checkbox"/> Hearing Difficulty | <input type="checkbox"/> Autism/PDD | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Cardiac Disorder | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Thyroid Conditions | <input type="checkbox"/> MH Issues | <input type="checkbox"/> Vision Difficulty | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Blood Sugar | <input type="checkbox"/> Nerve Damage | <input type="checkbox"/> Brain Injury |
| <input type="checkbox"/> Cardio respiratory | <input type="checkbox"/> Neuromuscular | <input type="checkbox"/> Gait | <input type="checkbox"/> Heart |
| <input type="checkbox"/> Other _____ | | | |

Please check off if you have had any complications with the following:

- | | | | |
|--------------------------------------|--------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> Hand | <input type="checkbox"/> Wrist | <input type="checkbox"/> Ankle | <input type="checkbox"/> Foot |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Elbow | <input type="checkbox"/> Arm | <input type="checkbox"/> Back |
| <input type="checkbox"/> Hips | <input type="checkbox"/> Legs | <input type="checkbox"/> Knee | <input type="checkbox"/> Neck |
| <input type="checkbox"/> Other _____ | | | |

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Physicians Recommendation Form

Physician Name _____ Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

____ I recommend participation without limitation

____ I recommend participation with limitations (please explain):

____ I do not recommend participation

____ Please call me to discuss about specific recommendations

Physicians Signature _____ Date _____

Additional Comments or Notes:

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INFORMED CONSENT

I, _____ (Name), do hereby voluntarily contract and enroll in a program of physical activity, including but not limited to weight training, cardiovascular conditioning, stretching, sports skills training, balance training, postural conditioning and so forth, offered by Developmental Fitness Company. I do hereby acknowledge that I have been informed of the need and the requirement for a physician's approval for my participation in an exercise program. I acknowledge that I have either had a physical examination conducted by a licensed medical physician and/or my physician's permission and approval to participate. I also understand that no Developmental Fitness Company service will be rendered until such requirements of physician's approval is met. I hereby represent and inform Developmental Fitness Company and its representatives that I have accurately completed all health history questions. I acknowledge and understand the risks of injury associated with an exercise program. I do hereby assume this risk by entering into this exercise program. In consideration, therefore, of being allowed to participate in the activities and programs of Developmental Fitness Company and to use its contracted out facilities, equipment and machinery, I do hereby waive and release Developmental Fitness Company and its officers, agents, representatives, and employees, from any and all responsibility or liability from injuries or damages resulting in said exercise program. I also understand and acknowledge that Developmental Fitness Company will not be responsible or liable for any injury resulting from physical activity done outside the direct supervision of a Developmental Fitness Program Representative. With the understanding of these said elements, I therefore, voluntarily consent to engage in the Developmental

Fitness Company program of _____ (Name of program). I understand that the information obtained in this written document or during the implementation of said program will be treated as privileged and confidential at all times and will consequently not be released without the expressed written consent of the undersigned and their representors. I understand the contract that I am about to enter. I acknowledge that I understand this document in its entirety or that it has been communicated or read to me if I have been unable to read or understand its form. I hereby consent to the rendition of all services and procedures as explained herein by the Developmental Fitness Program. I also waive and release facility of

_____ (Facility Name) of all liability associated with the Developmental Fitness Company Program. I also agree to abide by all facility policies regarding the privilege of usage of the facility.

Signature _____ Date _____

In the Witness of _____ Date _____

Developmental Fitness Company Representative Signature
_____ Date _____