



# Virtual Assessment Consent Form

Please provide the following information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What is your primary issue, concern, or goal?

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Please check if you currently have or have ever had the following health conditions:

- |                                                          |                                              |                                               |
|----------------------------------------------------------|----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Diabetes                        | <input type="checkbox"/> Pneumonia           | <input type="checkbox"/> Osteoarthritis       |
| <input type="checkbox"/> High blood pressure             | <input type="checkbox"/> COPD                | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> High cholesterol                | <input type="checkbox"/> Asthma              | <input type="checkbox"/> Osteoporosis         |
| <input type="checkbox"/> Hypothyroidism                  | <input type="checkbox"/> Stroke              | <input type="checkbox"/> Fractures            |
| <input type="checkbox"/> Cancer (please list type below) | <input type="checkbox"/> Brain Injury        | <input type="checkbox"/> Fibromyalgia         |
| <input type="checkbox"/> Dizziness                       | <input type="checkbox"/> Spinal Cord Injury  | <input type="checkbox"/> Depression           |
| <input type="checkbox"/> Heart attack                    | <input type="checkbox"/> Epilepsy (seizures) | <input type="checkbox"/> Anxiety              |
| <input type="checkbox"/> Heart murmur                    | <input type="checkbox"/> Multiple Sclerosis  | <input type="checkbox"/> Parkinson's Disease  |
| <input type="checkbox"/> Angina                          | <input type="checkbox"/> Atrial Fibrillation | <input type="checkbox"/> Kidney disease       |
| <input type="checkbox"/> Allergies (list below)          |                                              |                                               |

Please list any other medical history and all current medications:

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By signing below, I acknowledge that I understand that health coaching and wellness services, including private exercise instruction, are not physical therapy and are not a substitute for medical examination, diagnosis or treatment. All services have been thoroughly explained to me prior to signing this form. Response to these services varies from person to person; hence, it is not possible to accurately predict response to a specific modality, method, or technique. B On The Move, LLC, does not guarantee what the response will be to a specific service. There may be a risk that participation in the above services may result in injury, aggravation of existing symptoms, or cause pain. By signing below, I affirm that I am in adequate health and physical condition to participate in wellness, health coaching, and exercise instruction offered by B On The Move, LLC. In addition, I agree to make my provider aware of any medical conditions or physical limitations as they arise. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate in exercise. I also affirm that I alone am responsible to decide whether to participate in wellness services and participation is at my own risk. It is my right to decline any part of my intervention at any time before or during a session, should I feel any discomfort or pain or have other unresolved concerns. It is my right to discuss the potential risks and benefits involved in participation. I have read this consent form and understand the risks involved in wellness, health coaching, and exercises instruction. I confirm that I have read and fully understand this consent form and I do hereby agree and give my consent for B On The Move, LLC, to furnish the above services. I agree to hold B On The Move, LLC, harmless for claims or damages in connection with participation in the above services. This is a contract between myself and B On The Move, LLC, and I understand that it is also a release of potential liability. I hereby certify that all the above information is true to the best of my knowledge.

**Please Sign & Date Below**

**Signature:** \_\_\_\_\_

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