



Nexus Studio of Monterey, Inc.

Personal information

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Telephone: Home: _____ Cell: _____

Email Address: _____

Sex: _____

Which communication method do you prefer? Email Cell Phone Home Phone

Emergency Contact

Name: _____

Address: _____ City: _____ Zip: _____

Telephone: Home: _____ Cell: _____

Relationship: _____

Doctor's information

Primary doctor's name: _____ Telephone: _____

Address: _____ City: _____ Zip: _____

Is this your referring physician? Y / N

If not, who is referring you to Physical Therapy or Pilates?

Doctor's name: _____ Telephone: _____

Medical History: (if answer "Yes," please write when and what you are diagnosed with)

Existing or Relevant Previous Conditions

Anxiety	<input type="radio"/> Yes <input type="radio"/> No	Cardiac Pacemaker	<input type="radio"/> Yes <input type="radio"/> No	Hypertension	<input type="radio"/> Yes <input type="radio"/> No
Arthritis	<input type="radio"/> Yes <input type="radio"/> No	Diabetes	<input type="radio"/> Yes <input type="radio"/> No	Metal implants	<input type="radio"/> Yes <input type="radio"/> No
Asthma	<input type="radio"/> Yes <input type="radio"/> No	Currently pregnant	<input type="radio"/> Yes <input type="radio"/> No	Neurological disorder	<input type="radio"/> Yes <input type="radio"/> No
Autoimmune Disorder	<input type="radio"/> Yes <input type="radio"/> No	Cardiovascular disease	<input type="radio"/> Yes <input type="radio"/> No	Osteoporosis	<input type="radio"/> Yes <input type="radio"/> No
Cancer	<input type="radio"/> Yes <input type="radio"/> No	Dizzy spells	<input type="radio"/> Yes <input type="radio"/> No	Seizures	<input type="radio"/> Yes <input type="radio"/> No
Cardiac Conditions	<input type="radio"/> Yes <input type="radio"/> No	Headaches	<input type="radio"/> Yes <input type="radio"/> No	Strokes	<input type="radio"/> Yes <input type="radio"/> No

Any "Yes" Answers, please list here: _____

Any Other Medical History, please list here: _____

Surgical History

Body Region: _____ Surgery Type: _____ Date(s): _____

Body Region: _____ Surgery Type: _____ Date(s): _____

Body Region: _____ Surgery Type: _____ Date(s): _____

Body Region: _____ Surgery Type: _____ Date(s): _____

Medical History related to the condition which you are coming to us for:

Diagnosis: _____ Symptoms: _____

When did you start having the symptoms and how it started?

What are your goals? _____

Please initial below acknowledging our payment and cancellation policy

_____ Please pay the balance in full at the time of service or notice. In the event you are unable to pay the balance in full, we are willing to make reasonable payment arrangement. Please be advised that Nexus Studio of Monterey Inc. is not a credit grantor, and therefore, failure to maintain these arrangements may result in the placement of your account with a collection agency or attorney for collection. We will provide a superbill for your insurance company as an out of network provider.

_____ To maintain appointment times available for all of our patients/clients, there is a charge of full amount billed to the patient/client, for each instance a patient does not show for a scheduled appointment or does not give at least 24-hour cancellation notice. You can opt-in for automatic email reminder for your appointment.

_____ All the personal information is true and accurate

Today's Date: _____

Client's Signature: _____

Client's Name (print): _____ Relationship: _____