SOLIDbods
Empowered by Core Movement

Informed Consent Form

Phoenix, AZ
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solidbods.com

Client Information

Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Health History and Medical Conditions (*y = yes, n = no; check box and circle where applicable*)

• Check all that apply:

[ ] Contact lenses (*remove for red light*)
[ ] High blood pressure
[ ] Heart disease/irregular heartbeat/pacemaker, surgeries
[ ] Autoimmune conditions (*e.g., fibromyalgia, lupus, Grover's disease*)
[ ] Chronic joint/arthritis/back pain, disc herniations, spinal stenosis
[ ] Chronic migraines, seizures
[ ] Recent surgery (*within 6 months*); list contraindications: _____
[ ] Neurological disorders (*e.g., Parkinson's, MS, bipolar disorder*)
[ ] Pregnancy or postpartum
[ ] Osteoporosis or recent bone injury (*describe*): _____
[ ] Cancer treatments, chemotherapy
[ ] Others not listed: _____

Medications or Skin Treatments

• Are you taking medications, or have you had recent peels, Botox, fillers, or Prednisone (*within 5 days*), or any conditions that might make you photosensitive?

[ ] Yes (*list*): _____
[ ] No

Contraindications to Exercise/Light-Based Therapies

• Have you been advised by a physician against physical exercise or light therapy?

[ ] Yes (*explain*): _____
[ ] No

Your Goals and Interests

• What are your primary goals for Pilates and/or red light therapy?

_____
_____
_____
_____

What services are you most interested in? (*Check all that apply*)

[ ] Pilates (fitness/rehabilitation)
[ ] Red light therapy (*inflammation reduction*)
[ ] Red light facial wand (*skin health, wrinkles, fine lines, acne*)
[ ] Muscle activation (*hands-free in Butt Bungi: posture, abdominals, alignment, stress reduction*)
[ ] Red light therapy (*pain, inflammation, neuralgia, neuropathy management/recovery*)
[ ] Power Plate (*lymphatic drainage, bone/joint/muscle health*)
[ ] Other not mentioned: _____

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What are your limitations? (*e.g., injuries, flexibility, energy levels*)

_____

_____

_____

Consent for Treatment, Coaching, and Instruction

- By signing, I acknowledge and agree to the following:

1 Pilates/Power Plate/Pain Management

- The above involves physical exercise, and I understand the risks of injury.
- I will inform my instructor of any health changes that might affect my participation.

2 Red Light Therapy

- Red light therapy uses low-level light to promote healing and recovery.
- Results may vary based on health conditions and adherence to protocols.

3 Expectations

- My practitioner will provide professional guidance to the best of their ability.
- Achieving results requires my active participation and consistency.

4 Voluntary Participation

- Participation is voluntary, and I may stop or modify treatment or exercise at any time.

5 Consent for Treatment

- I consent to receive Pilates, red light effect, power plate, muscle activation, and/or Styku 3D body scanning services.
- No guarantees are made about the outcomes of these sessions.

Signature: _____ Date: _____

Emergency Contact

Name: _____ Relationship: _____ Phone: _____