



Alex Van Dyke's Going Vertical

Medical Disclosure Form

Name: _____

Address: _____

Phone: _____

Occupation: _____

Allergies: _____

Serious illnesses, injuries, or surgeries: _____

Are you currently under a physician's care? _____

Taking any medications? _____

What would you like to work on? _____

Please check all that apply:

- _____ Arthritis
- _____ Autoimmune Disorder
- _____ Breathing Problems (lungs)
- _____ Bruise easily
- _____ Cancer
- _____ Carpal Tunnel Syndrome
- _____ Depression
- _____ Diabetes
- _____ Epilepsy
- _____ Exercise
- _____ Headaches or Migraines
- _____ Heart Condition/Pacemaker
- _____ Hepatitis
- _____ High Blood Pressure
- _____ Low Back Pain
- _____ Muscle Spasms

- _____ Pregnant
- _____ Rotator Cuff Injury
- _____ Sciatica
- _____ Scoliosis
- _____ Sinuses
- _____ Skin Conditions
- _____ Suffer from stress
- _____ Varicose Veins
- _____ Vertebral Disc Problems
- _____ Vitamin or mineral usage
(Mega doses of vitamin E can
increase bruising; lack of minerals
may cause spasms)
- _____ Whiplash
- Other _____

Informed consent: I agree that the above information is accurate to the best of my knowledge and I freely give my permission to be trained at Alex VanDyke's Going Vertical. I also agree that it may be necessary to obtain a doctor's release before beginning training. I agree to inform Alex VanDyke's Going Vertical of any experience of pain or discomfort during my training. I understand that athletic enhancement training should not be construed as a substitute for medical examination, diagnosis, and treatment and that I should see a medical, chiropractic physician or other healthcare specialist. I agree to inform Alex VanDyke's Going Vertical of my health and understand that there shall be no liability on Alex Van Dyke's Going Verticals part should I forget to do so. I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session.

Parent/Guardian Signature _____ Date _____
(Parent/Guardian's Signature is required if participant is under the age of 18.)

Participant's Signature _____ Date _____
(Participant's Signature is required if participant is 18 years of age or older.)