MS EXERCISE GROUP REGISTRATION

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PHONE NUMBER**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CITY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**STATE**:\_\_\_\_\_\_\_\_\_\_**ZIP**:\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT:** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**PRIMARY PHYSICIAN/OFFICE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NEUROLOGIST/OFFICE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IS IT OKAY IF WE SEND YOUR PHYSICIANS UPDATES ON YOU AND YOUR PARTICIPATION IN THIS EXERCISE COURSE? Y / N**

**PLEASE CHECK ANY CONCERNS YOU HAVE**:

\_\_\_\_\_Headaches \_\_\_\_\_Tingling in Arm/Hand \_\_\_\_\_Pain while walking

\_\_\_\_\_Neck Pain \_\_\_\_\_Numbness in Arm/Hand \_\_\_\_\_Muscle cramping

\_\_\_\_\_Low Back Pain \_\_\_\_\_Tingling in Leg/Feet \_\_\_\_\_Muscle weakness

\_\_\_\_\_Mid Back Pain \_\_\_\_\_Numbness in Leg/Feet \_\_\_\_\_Migraines

\_\_\_\_\_Dizziness \_\_\_\_\_Sciatica \_\_\_\_\_Falls

\_\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PLEASE LIST 1 GOAL YOU WANT TO ACCOMPLISH THROUGH THIS EXERCISE COURSE:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRIVACY NOTICE**:

Your personal information will not be sold or distributed outside our office in any way.

\*This exercise group is intended for people with MS. It is designed to offer basic strengthening/balance exercises in a low impact setting. It has been designed by and is being lead by a physical therapist but is in no way physical therapy. Physical therapy is a skilled service that requires an evaluation. This exercise group may not be appropriate for muscles that are injured, overworked or flared up. Call ahead if you have questions about your ability to participate. By signing this, you understand that you are participating in an exercise group for MS. There is a risk of increased tightness/soreness in muscles following this exercise. By signing this you understand that you are at your own risk in participating in the exercise group and STEP PT and the person doing the exercise group is NOT liable for any adverse effects resulting from the exercise group.

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Signature Date