

From the desk of Rick Kaselj, MS

Thank you for trusting me with your shoulder pain. I'm looking forward to hearing more about your personal situation and helping you get back to pain free workouts as fast as possible.

Step #1

Your first step prior to the consultation is watch all 5 components of the Video Presentations and follow the two PDF manuals that accompany your Fix My Shoulder Pain System.

Viewing these videos will answer a lot of questions you might have. This way when we have our consultation we can go into much more detail and it will allow me to serve you better.

Step #2

After doing your self-assessment, please implement my recommendations from the Fix My Shoulder Pain system for 7-days prior to sending in the questionnaire below.

Step #3

After performing the Fix My Shoulder Pain system for 7-days straight, you can email your questions to me personally at support@ExercisesForInjuries.com or you can visit this web page to fill out the form:

<http://www.exercisesforinjuries.com/personal-consultation>



Step #4

Upon receiving your completed questionnaire you will get confirmation that it was received within 24-hours and a personal consultation report from me within 3-working days.

Step #5

After you receive my report, please review it and if you have any questions, email me at support@ExercisesForInjuries.com

Step #6

Follow the recommendations in the personal consultation for 7-days. After that, if you would like, you can follow up with one additional email or video that I will also reply to. Please note your personal consultations must be used within 90-days of your purchase.



Please fill in the below:

Client Information:

* Required fields

*Name: _____

*Address: _____

*City: _____ *Postal Code: _____

*Home Phone: _____ Work Phone: _____

Occupation: _____

Email: _____

Skype ID: _____

Height: _____ Weight: _____

*Age: _____ *Date of Birth: _____ *Sex: _____

Physician's Name: _____ Phone _____

*Emergency Contact Person: _____

Phone:(h) _____ (w) _____

Preliminary Consultation Questions:

Have you watch all of the videos and read the two manuals in the Fix My Shoulder Pain system and have an understand of it? Yes / No

Based on the self-assessment, have you followed the recommendations for 7 straight days? Yes / No

Are you willing to invest 10 to 20 minutes on a daily basis to overcome your shoulder pain? Yes / No



Preliminary Consultation Questions:

Background on Your Shoulder Injury or Pain

Provide a background of your injury (4 to 5 sentences)

Shoulder Assessment

Provide a summary of your shoulder self-assessment. If you would like, you can send a quick video assessment via <http://sendspace.com> to the email address support@exercisesforinjuries.com

What Things Make Your Shoulder Pain Worse?

What Things Make Your Shoulder Pain Better?

What Has Helped in the Past for Your Shoulder Pain?

What Have You Tried in the Past?

Is There Anything Else You Would Like to Add:



Medical History

Physical Activity should not pose a problem or hazard for most people, however, this questionnaire is designed to identify the small number of people for whom physical activity may be inappropriate, or who may need medical clearance concerning the type or intensity level of physical activity most suitable for them.

Please circle one:

1. Has your doctor ever said that you have heart trouble? Yes / No
2. Do you frequently have pains in your heart and chest? Yes / No
3. Do you often feel faint or have spells of severe dizziness? Yes / No
4. Have you ever had a stroke? Yes / No
5. Has your doctor ever told you that you have a bone or joint problem such as Arthritis that has been aggravated by exercise or might be made worse with exercise? Yes / No

If Arthritis, please state type of Arthritis Type: _____

6. Has your doctor ever said your blood pressure was too high? Yes / No
7. Has your doctor ever said your blood pressure was too low? Yes / No
8. Do you have a history of breathing or lung problems? Yes / No
9. Do you have diabetes or a thyroid condition? Yes / No
10. Are you pregnant or have you been within the last 3 months? Yes / No



11. Have you received rehabilitation services for any injuries and/or accidents? Yes / No

12. Have you experienced any serious injuries or undergone surgery in the past year? Yes / No

If yes, please list _____

13. Have you experienced muscle, joint or back pain that may be aggravated by a change in your level of physical activity? Yes / No

14. Do you smoke cigarettes? Yes / No

15. Have you ever had a near drowning experience? Yes / No

16. Has your doctor ever said that you have an elevated level of blood cholesterol? Yes / No

17. Are you currently taking any prescribed medication? Yes / No

If yes, please list _____

18. Do you have any allergies that we should be aware of? Yes / No

If yes, please list _____



19. Do you know of any other reason why you should not be physically active? Yes / No

Please use the space provided below to address any of the questions to which you answered "yes", or to address any concerns you may have:

WAIVER FOR PARTICIPATION:

I have read, understood, and completed this questionnaire. Any questions I had were answered to my full satisfaction. I, the undersigned, parent or guardian (if under 18), do hereby agree to allow the individual(s) named herein to participate in the aforementioned activity(s). Further, my family and I agree to indemnify and hold Rick Kaselj and Healing Through Movement harmless from and against any and all liability for any injury, including death, which may be suffered by the aforementioned individual(s), arising out of or in any way connected with his/her participating in this/these activity(s).

I am signing this waiver freely and voluntarily.

Signature: _____ Date _____