

Postural Improvement Program

Please fill out this form and send to the **Employee Health Center**
1301 Cattlemen Road, Bldg B, Sarasota, FL 34232
Fax 941-861-6835

A trainer will contact you within 2 weeks after your form is received.

Cancellation Policy: If you schedule a session and do not show up, or fail to give at least 24 hours notice to cancel to your trainer, that session will be forfeited and may not be rescheduled.

Name: _____ Work location: _____

Age: _____ Height: _____ Male / Female

Phone: Work: _____ Cell: _____ Text: Yes / No

Email: _____

If you have a preference of trainer, please circle the name:

Alice Monsaert (Sarasota/Venice) Lori Dillon (Sarasota)

County facility preferred for your sessions (circle all that apply):

(Please note, at this time there is no MSK clinic available at some locations)

- a. Administration (1660 Ringling Blvd)= Corrective Exercise and Stretch Relief available
- b. BOB (1001 Sarasota Center Blvd)= Corrective Exercise and Stretch Relief available
- c. 1301 Cattlemen Road, Bldg B= Corrective Exercise and Stretch Relief available
- d. RL Anderson= Limited availability for Corrective Exercise and Stretch Relief
- e. South County-Station 22 (Public Safety Bldg) = Services available at RL Anderson
- f. Englewood Sports Complex = Services available at RL Anderson
- g. SCAT=Corrective Exercise and Stretch Relief available (upper body only)
- h. Terrace Building, 101 S. Washington Blvd.
- i. Clerk of Circuit Court Bldg., 2000 Main St.
- j. Other _____

Time of preference (circle all that apply):

- a. Before work (6:30am – 8am)
- b. Mid-morning
- c. Lunch time
- d. Mid-afternoon
- e. After work (5:30 -7:30pm)
- f. Other: _____
- g. What day (or shift day, A, B, C) works best for you _____

Chief area of complaint or concern (circle all that apply):

Neck	Shoulders	Back: Upper / Middle / Lower
Knees	Ankle	Hips
Other _____		