

IM ABLE ENROLLMENT & WAIVER

TO BE COMPLETED BY IM ABLE STAFF

ABILITIES

Client Name		
Date of assessment		
Disability		
	Assessment: Normal / Limited / None, etc	Notes
Mental function		
Torso / Balance		
• Standing		
• Seated		
Left arm function		
Right arm function		
Left leg function		
Right leg function		
Dexterity		
Other		
Other		
Additional Notes		

Recommended Program (please circle): Personal Trainer or Group Class