

Name	Date of Birth				
Day Phone	Cell Phone		Email		
Address		City	Zip_		
Emergency Contact Name			Relati	on	
Emergency Contact Number_					
So that we may create a personant share is confidential.	onalized program for you, plea	ase answer the f	following questions.	The information that y	'Οι
Have you had any training in	Pilates or personal training?				
What do you wish to gain from	m Pilates?				
	currently doing?				
Has your doctor ever said tha recoommened only medically	t you have a heart condition a supervised physical activity?	and	YES	NO	
Do you loose your balance be ever loose consciousness?	cause of dizziness or do you		YES	NO	
Pain or limitations that should Exercise program (bulima, an	other health issues that caused be addressed when develop emia, epilepsy, respiratory, ba blesterol, arthritis, diabetes, o	ing an ack problems	YES	NO	
Have you had a recent surger	y?		YES	NO	
Are you pregnant now or give	en birth within the past 6 mon	ths?	YES	NO	
If any of the above have been explain:	n marked YES please				
Do you take any medication e medication for and are there	either prescription or non pres side effects?	cription on a re	gular basis? YES NO	What is the	
How does this medication aff goals?	ect your ability to exercise or	achieve your fitr	ness		



YES	NO	PRE-EXISITING CONDITIONS	IF YES, DESCRIBE ONSET/DURATION/SEVERITY/LOCATION
		Lower Back Problems	
		Upper Back Problems	
		Neck Problems	
		Disck Problems (what levels )	
		Scoliosis	
		Sciatica	
		Numbness or tingling	
		Headaches	
		Dizziness /vertigo	
		Hip, knee, ankle, foot issues	
		Shoulder, elbow, hand issues	
		Recurrent shoulder dislocation	
		Tendon/ligament muscle sprains or strains	
		A leg length difference	
		Joint Replacement	
		Arthritis	
		Osteoporosis	
		High/low blood pressure	
		Neurological conditions (MS, Parkinsons,	
		Ect	
		)	
		Car accident resulting in injury?	
		Are you pregnant?	
		Abdominal surgery ( hysterectomy) or	
		hernias	
		Other	