

HEALTH SCREENING

PLEASE COMPLETE THIS FORM TO THE BEST OF YOUR ABILITIES AND SIGN THE STATEMENT AT THE BOTTOM OF THE FORM. IF YOU HAVE ANY QUESTIONS, PLEASE ASK.

Last Name: _____ First Name: _____

Sex: _____ Age: _____ Marital Status: _____

Hobbies/Recreational Activities and Frequency: _____

Previous Experience with Pilates _____

General Health (Check): ___ Excellent ___ Good ___ Fair ___ Poor

Personal Fitness Goals: _____

Are You Currently Experiencing Any Physical Problems? If So, Please

Explain: _____

Medications: _____

Previous Injuries: _____

Previous Surgery: _____

Are You Currently Receiving Professional Health Care Services (i.e. Chiropractic, Medical, Massage Therapy, Physical Therapy, Etc...): _____

Are You Currently or Have You Previously Been Diagnosed with any of the Following (please check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Back Pain | <input type="checkbox"/> Bowel/Bladder Changes |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Circulatory Disease | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Fainting Disorder | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Herniated Disc | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Numbness or Weakness | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Osteopenia | <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Thyroid Disorder | <input type="checkbox"/> Pregnancy (currently) | <input type="checkbox"/> Joint Replacement (where) _____ |
| <input type="checkbox"/> Cataracts Surgery | <input type="checkbox"/> Stenosis | <input type="checkbox"/> Shoulder Impingement |
| <input type="checkbox"/> Hyperglycemia | <input type="checkbox"/> Vertigo | <input type="checkbox"/> Other _____ |

Is There Anything Else That You Feel We Should Know About or Have Not Asked? If So, Please

Explain: _____

I THE UNDERSIGNED, DO HEREBY CERTIFY THAT I HAVE COMPLETED THE ABOVE INFORMATION AND KNOW IT TO BE TRUTHFUL AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Date: _____

