



Pilates Bodyworks Data and Health Questionnaire

Please fill out and bring with you on your first visit to us, thanks!

Name: _____ Date of Birth: _____

Address: _____ City: _____ ZIP: _____

Phone: (H) _____ (C) _____

Emergency Contact: _____ Phone: _____

E-mail: _____

How did you hear about us? _____

Pilates Goals

Have you done Pilates/ Yoga before? _____ How long ago? _____

Why have you decided to start Pilates? _____

What aspect(s) of your health would you like to concentrate on? (Please circle)

Core Flexibility Posture Toning Strength Back/Shoulder problems

Stress management Relaxation

Other (please explain): _____

What are the main goals that you are hoping to achieve with your Pilates program?

1. _____

2. _____

3. _____

Lifestyle

What is your occupation? _____

What is your stress level? (Please circle) none low moderate high

How often are you stressed? (Please circle) never infrequently frequently constantly

What is your activity level? (Please circle) sedentary moderately active active

What other forms of exercise do you do? Please indicate type and frequency

Health Questionnaire

Have you ever been treated by a Physician for any of the following? (Please circle if yes)

Arthritis

Osteoporosis

Rheumatoid Arthritis

Chronic Fatigue Syndrome

Diabetes

Any of the following Orthopedic/ joint problems

Fibromyalgia

1. Anterior Cruciate Ligament knee injury

Heart Disease

2. Facet Joint injury

High Blood Pressure

3. Herniated or bulging disc

Gastric Reflux

4. Spondylolisthesis

Glaucoma

5. Stenosis

Multiple Sclerosis

6. Total hip replacement

Other: _____

2. Recent surgeries or injuries? If yes, please explain?

3. Medications: _____

Liability Release Form

I agree that Pilates Bodyworks is in no way responsible for the safekeeping of my personal belongings while I attend class. I understand that classes at Pilates Bodyworks may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss or death. I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against Pilates Bodyworks or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.

Date: _____ Signature _____

IF UNDER 18 YEARS OF AGE

As legal guardian of _____, I agree to the above conditions.