



**NEW CLIENT Initial Health Questionnaire**

Please complete both sides of this form . The information will be kept confidential and is used for your individual goals and needs.

Name \_\_\_\_\_ Female/ Male \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Post Code \_\_\_\_\_  
 Phone H \_\_\_\_\_ W \_\_\_\_\_ M \_\_\_\_\_  
 e-mail \_\_\_\_\_  
 HOW DID YOU HEAR ABOUT US \_\_\_\_\_  
 Referred By \_\_\_\_\_  
 Type of work you are engaged in \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_  
 Phone H \_\_\_\_\_ W \_\_\_\_\_ M \_\_\_\_\_

**General Health**

Medications / Supplements \_\_\_\_\_

Number of children \_\_\_\_\_

Do you smoke cigarettes Yes/ No

Do you currently or have you ever had...

Stroke Yes/No

Family History of Heart problems Yes/No

Breathing/ lung problems Yes/ No

Fainting/ Dizziness Yes/No

High/Low Blood Pressure Yes/No

High Cholesterol Yes/ No

Diabetes/ Thyroid Yes/ No

Chronic illnesses ( e.g Migraine, epilepsy, allergies) yes/no \_\_\_\_\_

Are you currently pregnant? Yes/No (Due date \_\_\_\_\_)

Past or present Difficulties with Pregnancy/ birth \_\_\_\_\_

Wear/ have worn orthotics or any brace ? \_\_\_\_\_

*If you have answered "yes" to any questions in this section you must get clearance before starting pilates OR sign below if you have already cleared any conditions.*

**Injuries/ Operations/ Accidents /Conditions/ Pain**

	Name of the problem?	When did it occur?
Head / Neck		
Shoulders		
Elbows/wrists/hands		
Upper /mid Back		
lower Back		
Pelvis		
Hips		
Knees		
Ankles/ feet		

Please any past surgery including procedures and dates

---

---

---

---

have you ever had advice from a doctor not to exercise yes / No

Any other medical History or information you feel may be of importance

---

---

---

Do you exercise regularly ? type of exercise and frequency

---

---

---

Goals / Needs

---

---

---

Worries / Concerns

---

---

---

---

### **Cancellation Policy**

I acknowledge that there is a 24 hour cancellation policy for all classes otherwise charges will be made. All classes are non transferable or refundable.

I understand that the above information will be kept private and confidential and will be used as a guideline to the limitations of my ability to exercise.

I acknowledge that the instructor is not able to provide medical advice in regard to any condition. I have answered the questions to the best of my ability and take it upon myself to advise of any changes. I understand that all due care will be taken regarding my exercise program that I undertake activities at my own risk and agree not to hold Pilates For Life liable for any injuries that may arise during or after my participation in the exercise program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_