

Date: _____

Health and Fitness History The Pilates Center of Baton Rouge

Please fill out this form to the best of your ability and sign at the bottom of the form. If you have any questions please feel free to ask.

Name: _____ Birthdate: _____

Address: _____

Street City Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Employer: _____ Occupation: _____

How long is your work day? _____

Sex: M/F Marital Status: _____ General Health: _____ Excellent _____ Good _____ Fair _____ Poor

Previous experience with Pilates: _____

Health and fitness goals: _____

Hobbies and current physical activities: _____

Do you currently have small children? _____

Medications: _____

Previous Injuries: _____

Previous Surgeries: _____

Are you currently receiving professional health care services? If so, please explain: _____

Please list any regular body work you receive, e.g., Chiropractic, Massage, etc. _____

Has your doctor indicated any limitations or exclusions of certain activities? Describe: _____

Do you have a history of? (Circle all that apply)

Fainting	Heart Attack	Stroke	Spinal Injury	Head Injury
Seizure	Allergies	Headaches	Migraines	Back/Neck Pain
Fibromyalgia	Stenosis	Heart Disease		Cancer

Current Medical/Physical Conditions (Circle all that apply)

Back Trouble	Neck Trouble	Shoulder Problems	Knee Problems
Joint Problems	Asthma	Glaucoma	Hyper-Hypotension
Diabetes	High Anxiety	I smoke	Bleeding/Clotting Disorder
Pregnant	Breastfeeding	Scoliosis	Dizziness during exercise
Pelvic floor pain/weakness		Osteoporosis	Carpal Tunnel Syndrome

Is there anything you feel we should know and 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: _____