

PILATES FITNESS PROFILE

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Business Phone _____

Date of Birth _____ Age _____ Email _____

Emergency Contact _____

Referred by _____

Medical History: Please check () if you have had any problems with or been treated for:

- | | | |
|---------------------------|---|---------------------------------------|
| () High Blood Pressure | () Joint Dislocation | () Diabetes Type I__ Type 2__ |
| () Heart Problems | () Arthritis | () Hypoglycemia |
| () Pacemaker | () Swollen and Painful Joints | () Broken Bone _____ |
| () Irregular Heart Beats | () Swollen Ankles or Legs | () Stroke: Date _____ |
| () Fainting or Dizziness | () Circulatory Problems | () Balance Problems |
| () Shortness of Breath | () Headaches | () Frequent Falls |
| () Weakness or Fatigue | () Pregnancy | () Tremors |
| () Hernias _____ | () Cancer _____ | () Epilepsy, Seizures,
Convulsion |
| () Muscular Weakness | () Any Infectious Disease
(TB, AIDS, Hepatitis) | () Recent Accident |
| () Back or Neck Injuries | | |

Other _____

Are you taking any medications? (Please list) _____

Do you currently have or have you had any back issues? Please explain _____

Do you have or have you had any issues with bones, muscles, joints, ligaments or tendons? Please explain _____

Please explain any other medical issues that is pertinent to Pilates _____

PILATES ACTIVITY PROFILE

How many hours each week do you exercise? _____

Do you get regular cardiovascular exercise (walk, jog, bike, etc.)? _____

What is the amount of time or average distance you cover? _____

Do you use heart rate zones when you do cardiovascular exercise? Please circle: Yes No
If so, your target zones? _____

Please list the sports you participate in regularly (such as skiing, swimming, jogging, weight training):

Activity:

Frequency:

Duration:

1. _____

1. _____

1. _____

2. _____

2. _____

2. _____

3. _____

3. _____

3. _____

4. _____

4. _____

4. _____

Have you practiced Pilates in the past? Please circle: Yes No
If so, where and how long? _____

What are your goals for Pilates? _____

To the best of my knowledge, all of the above statements are complete and true>

Signature _____ Date _____