

JEAN MARIE FITNESS & PILATES LLC

Medical History Form

Name _____ Date _____

Date Of Birth _____ Age _____

Address _____

Street

City

State

Zip Code

Cell Phone _____ Email _____

Emergency Contact Name _____ Relationship _____

Phone _____

GOALS

What are the reasons for pursuing Pilates? List your top 3 goals:

EXERCISE

Are you currently exercising? _____ Yes _____ No

(Skip this section if you are inactive)

List the exercise that you are currently participating in?

EXERCISE FREQUENCY & INTENSITY

How many times per week are you exercising? _____

How long are your exercise sessions for? _____ minutes

Can you describe the intensity of your current exercise? (easy, slow, moderate, heavy, intense, etc.) _____

INJURIES

Circle all that apply: Ankle / Knee / Hip / Low Back / Middle Back / Neck / Shoulder / Elbow / Wrist / Hand / Foot / Head

Describe Injuries:

List all previous surgeries:

Current Medications:

BONE HEALTH

Have you had a bone density test? ___Yes ___No If yes, what's your t-score? _____

Do you know what your current Vitamin D3 Level is? _____

Vitamin D deficiency is an epidemic! Your medical doctor may never test your Vitamin D3 level and keep you in the dark about your bone health. Take charge of your health and get your Vitamin D3 level checked.

MEDICAL

Are you currently experiencing, or have you previously experienced in the past any of the following?

- | | | |
|------------------------|-------------------------|-----------------------|
| ___Arthritis | ___Osteopenia | ___Diabetes |
| ___Osteoarthritis | ___Osteoporosis | ___Hypoglycemia |
| ___Circulatory Disease | ___High Blood Pressure | ___Hyperglycemia |
| ___Back Pain | ___Dizziness/Vertigo | ___Balance Issues |
| ___Herniated Discs | ___Hearing Problems | ___Cancer |
| ___Stenosis | ___Acid Reflux/Gerd | ___Thyroid Disease |
| ___Numbness | ___Childbirth | ___Pelvic Dysfunction |
| ___Fibromyalgia | ___Neurological Disease | ___Joint Replacement |

Other _____

LIFESTYLE

Rate your current health _____Poor _____Good _____ Excellent

Do you feel that there are any activities that you would like to accomplish but you are not capable of doing now?

What is stopping you from doing these activities, and why do you feel you can no longer do these activities?

If there is anything else we should know about that we didn't ask, please explain:

I certify that I have completed the above information and know it to be truthful and accurate to the best of my knowledge.

Client Signature _____ Date _____