

Body 360 PT and Wellness  
Izabela Beach P.T., PLLC  
43 South Street, Manorville, NY 11949 Tel: 631.569.9411

## Pilates Health Questionnaire & Consent Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email Address \_\_\_\_\_ Mobile/Home phone \_\_\_\_\_

MD's name and address

\_\_\_\_\_

\_\_\_\_\_

Have you done Pilates before? Yes No

How did you hear about us? \_\_ Friend \_\_ Google search \_\_ Physical Therapist \_\_ Other: \_\_\_\_\_

Why have you decided to do Pilates? What is your goal?

\_\_\_\_\_

\_\_\_\_\_

What aspect of your health would you like to focus on? (Check all that Apply)

\_\_ Core Stability \_\_ Posture \_\_ Toning \_\_ Strength \_\_ Stress Management \_\_ Flexibility

What is your occupation? Does your occupation involve a repetitive movements, or prolonged postures? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What sports and hobbies are you involved in? \_\_\_\_\_

Are you currently experiencing any of the following conditions? (Check all that apply)

\_\_ Lower back pain \_\_ Pelvic Pain \_\_ Other spinal conditions \_\_ Orthopedic conditions

\_\_ Heart conditions \_\_ High or low blood pressure \_\_ Epilepsy \_\_ Continence concerns Are

you pregnant? Yes No If Yes, how far along? \_\_\_\_\_ Have

you had any complications with your pregnancy? Yes No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Cesarean? Yes or No Diastasis Recti (abdominal separation) Yes No

Have you had any recent injuries or surgery? Yes No

If yes, please list them: \_\_\_\_\_

Any conditions that you have been diagnosed with or have treatment for:(Check that apply)

Asthma/Bronchitis  Arthritis, Depression  Cancer  Dermatitis  Skin allergies

Degenerative Joints  Diabetes  Cardiac Arrhythmia  Lymphedema  Migraines  Osteoporosis

Vertigo  Neurological conditions Explain: \_\_\_\_\_

Private and Confidential

I declare that I have read the Medical Questionnaire and have completed it to the best of my knowledge. I understand that the Pilates program will begin at a low level and will be advanced in stages depending on my fitness level. I understand and agree that the therapist/instructor or I can stop the exercise session at any time if I am experiencing any symptoms of fatigue or discomfort. I understand that there is a risk associated with undertaking any exercise program. I understand :(a) while every care will be taken, it is impossible to predict the body's exact response to exercise and (b) every effort will be made to minimize these risks by evaluating preliminary information and medical history, based on the information provided, and observing form and technique during exercise. For one to one sessions: I understand that the Pilates program will be specifically designed as a personal training plan and will take into account details about me given in my questionnaire and on initial assessment. For class sessions: I understand that the Pilates program is designed for a general group and not specifically designed as a personal Pilates plan. I understand and agree that if I perform any of the exercises outside the class, I will do so at my own risk. I agree that Body 360 PT and Wellness Instructors, shall not be liable for injuries I suffer in respect of: 1. Pilates exercises I perform outside of a supervised Pilates session. 2. Pilates exercises performed other than in accordance with the direction and instructions of my Pilates instructor. 3. Undertaking Pilates exercises while suffering from an injury or ailment of which I have not informed Pilates my instructor. 4. Mishap or injury inflicted by other participants of the Pilates group. 5. Any injury sustained while on the premises resulting from personal inattentiveness.

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**