

MEDICAL HISTORY FORM

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: _____ Birth date: ____/____/____ Date: _____

Address: _____

Street

City

Zip Code

Phone Number: _____ Email: _____

How did you hear about us? _____ Is there someone we can thank for referring you to us? If yes, what is their name? _____

Occupation: _____ How long is your workday? _____

Is your job physically or mentally demanding? ___Yes ___No If yes, please explain: _____

General Health: _____Excellent _____Good _____Fair _____Poor

Previous experience with Pilates: _____

Reasons for pursuing Pilates- list 3 Personal Goals: _____

Medications: _____

Previous Injuries: _____

Previous Surgeries: _____

Are you currently experiencing any physical problems? If so, please explain _____

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

Date of your last doctor's visit: _____ Do you smoke? ___Yes ___No If yes, how much? _____

Has your doctor indicated any limitations or exclusions of certain activities? ___Yes ___No

If yes, describe _____

If there any exercises or movements that you feel uncomfortable doing or that you are unable to do at this time and would like to do? ___Yes ___No If yes, please describe _____

Are you currently or have you previously been diagnosed with any of the following?

Arthritis	Yes No	Herniated Disc	Yes No	Back Pain	Yes No
High Blood Pressure	Yes No	Cancer	Yes No	Hypoglycemia	Yes No
Carpal Tunnel Syndrome	Yes No	Numbness	Yes No	Circulatory Disease	Yes No
Osteoporosis	Yes No	Diabetes	Yes No	Weak Pelvic Floor	Yes No
Dizziness	Yes No	Pregnancy	Yes No	Fainting	Yes No
Seizure Disorder	Yes No	Fibromyalgia	Yes No	Shoulder Impingement	Yes No
Heart Disease	Yes No	Stenosis	Yes No		

Is there anything that you feel we should know and have not asked? If so, please explain _____

I _____ (print name) 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 _____