

JEAN MARIE FITNESS & PILATES

Medical History Form

Name_____Date_____

Date Of Birth_____Age_____

Address_____

Street

City

State

Zip Code

Cell Phone_____Email_____

Emergency Contact Name _____Relationship_____

Emergency Contact Person's Phone_____

GOALS

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

1_____

2_____

3_____

EXERCISE

Are you currently exercising? _____ Yes _____ No

(If no, then skip this section)

Describe your exercise that you are currently participating in:

How many times per week are you exercising? _____

How long is each exercise session? _____minutes

Describe the intensity?(easy, slow, moderate, heavy, intense, etc.)

INJURIES & SURGERIES

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 prevent illness and disease by getting your Vitamin D3 level checked regularly.

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
____ Neck Pain	____ Hearing Problems	____ Cancer
____ Disc Pathologies	____ Acid Reflux/Gerd	____ Autoimmune Disorder
____ Stenosis	____ Digestive Issues	____ Thyroid Disease
____ Numbness	____ Childbirth	____ Pelvic Dysfunction
____ Fibromyalgia	____ Neurological Disease	____ Joint Replacement

Use this space to list any other conditions, issues or concerns:

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 _____