MeU Pilates Studio

Health and History

Self-Profile

This information is private and will not be shared/sold/traded with any outside company, organization, and/or service.

ALL CLIENT PROFILES ARE PRIVATE AND HIPAA PROTECTED.

Today's Date: ______________________

Name: ____ D.O.B.: ________________

Address: ____

City: _________________ State: _____ Zip:___________ eMail: _________________________

Phone Number: ______________________ ☐ Home ☐ Cell

☐ YES ☐ NO **I have been permitted to begin an exercise program by my primary physician.**

Name of your primary physician:____

Have you ever had any of the following conditions?

☐ High Blood Pressure	☐ Low Blood Pressure	☐ Stroke	☐ CVA or TIA
☐ Heart Attack	☐ Chest Pain	☐ Fainting	☐ Arrhythmia
☐ Scoliosis	☐ Seizures	☐ Heartburn	☐ Diabetes
☐ Acid Reflex	☐ Leg Cramps	☐ Swelling in Legs / Ankles	
☐ Arthritis	☐ Asthma	☐ Vertigo	
☐ Hip/Knee Replacement	☐ Neck / Upper Back Pain	☐ Middle Back Pain	
☐ Lower Back Pain	☐ Other: ____		

Please Explain: ____

____

Are you pregnant? ☐ Yes ☐ No Have you recently given birth? ☐ Yes ☐ No

☐ Yes ☐ No Is there any more information that could affect your exercise program at MeU Pilates? If yes, please briefly explain:____

____

☐ Yes ☐ No Would you say that you are in good physical shape?

If no, please briefly explain: ____

Restrictions and/or concerns:

Do you have pain or difficulty with movement in any of the following areas?

☐ **Neck** ☐ **Shoulder** (Right / Left) ☐ **Elbow** (Right / Left)

☐ **Wrist** (Right / Left) ☐ **Back** ☐ **Hip** (Right / Left)

☐ **Knee** (Right / Left) ☐ **Ankle** (Right / Left) ☐ **Foot** (Right / Left)

☐ Yes ☐No Have these been diagnosed by a physician? If yes, please briefly explain: _____

____

☐ Yes ☐No Do you have any old injuries? If yes, please briefly explain: _________________

____

☐ Yes ☐No Have you had surgery due to an injury? If yes, please briefly explain: ________

____

Medication

☐ Yes ☐ No Are you currently taking a blood thinning medication or Aspirin?

MeU Pilates

If yes, please briefly explain: ____

____

Has your physician consented to you partaking in physical activity? ______________________

_____ **I will notify the instructor if I am taking an antibiotic prior to my sessions.**

Daily Activities and Fitness

Profession: ____

☐ Yes ☐ No Do you currently exercise regularly?

If no, how long has it been since you have exercised on a regular basis?_________________

If yes, what type of exercise do you typically do?

☐ Yoga ☐ Running ☐ Swimming ☐ Aerobics ☐ Spin ☐ Weight Training

☐ Dance ☐ Walking ☐ Other: ____

☐ Yes ☐ No Do you have experience with spring resistance equipment and/or free weights?

What type of cardiovascular exercise are you familiar with?

______________________________ Have you ever done Pilates? ☐ Classical Pilates ☐ Contemporary Pilates ☐ Never done Pilates Which type of equipment have you worked with?

☐ Reformer ☐ Cadillac ☐ Wunda Chair ☐ Step Barrel ☐ Ladder Barrel ☐ Arc ☐ Mat

Other: ____