Health Questionnaire & Consent Form

Your first and last name*_____

Date of Birth * _____ Phone number_____

Address_____

Emergencycontact:name/phone_____

List current physical activities_____

List any current/past injuries or present discomfort in area

- ☐ Upper back
- ☐ Middle back
- ☐ Lower back
- ☐ Shoulder
- ☐ Knee
- ☐ Foot/Ankle
- ☐ Hip/ Pelvis
- ☐ Hand/Arm
- ☐ Head
- ☐ Neck
- ☐ Abdomen

Please indicate if you have or have had any of the following

- ☐ Arthritis
- ☐ Asthma
- ☐ Chest pain
- ☐ Dementia/Cognitive Disabilities
- ☐ Diabetes
- ☐ Fibromialgia
- ☐ Heart Disease
- ☐ Hearing Problems
- ☐ Herniated Disc
- ☐ High Blood Pressure
- ☐ Join replacement
- ☐ Neurological Conditions (MS , Parkinson's)
- ☐ Osteopenia/Osteoporosis
- ☐ Pregnancy within the last 3 months
- ☐ Scoliosis
- ☐ Skin conditions
- ☐ Stroke
- ☐ Surgery within the last 3 months

What are your primary objectives for joining The Pilates Room?_____

Have you done Pilates before?

- ☐ Yes
- ☐ No

How did you hear about The PIlates Room?_____

Today's date * __/___/ _____ Signature _____