



## Client Profile and Medical History Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_

How did you hear about the studio? \_\_\_\_\_

.....  
Do you have any injuries, aches, pains, or health conditions? Are they current or past? \_\_\_\_\_

\_\_\_\_\_

Please circle any that may apply:

- |                     |                 |                 |                         |
|---------------------|-----------------|-----------------|-------------------------|
| High Blood Pressure | Heart Problems  | Muscle Cramps   | Shortness of Breath     |
| Diabetes            | Joint Problems  | Pregnancy       | Vertigo                 |
| Fractures           | Chronic Illness | Chronic Fatigue | Seizures                |
| Asthma              | Osteoporosis    | Scoliosis       | Arthritis               |
| Arthritis           | Smoker          | Low Blood Sugar | Unusual Muscle Cramping |

Back Pain – Describe \_\_\_\_\_

Recent Surgeries – Describe (including dates) \_\_\_\_\_

Current Medications / Dietary Supplements \_\_\_\_\_

Any medical considerations not previously mentioned? Please explain: \_\_\_\_\_

\_\_\_\_\_

Are you presently doing other types of therapy? E.g. massage, physical therapy, chiropractic \_\_\_\_\_

\_\_\_\_\_

Please check the types of exercise / activities you have participated in:

- |                   |              |                    |                |
|-------------------|--------------|--------------------|----------------|
| _____ Cycling     | _____ Skiing | _____ Running      | _____ Swimming |
| _____ Climbing    | _____ Hiking | _____ Yoga         | _____ Dance    |
| _____ Golf        | _____ Tennis | _____ Martial Arts | _____ Kayaking |
| _____ Team Sports | _____ Other: | _____              |                |

Do you have any past training in the Pilates method of movement? If yes, where and what is your experience? \_\_\_\_\_

What are your goals? What do you want most from your Pilates experience? \_\_\_\_\_

Is there anything else you'd like your Pilates Instructor to know? \_\_\_\_\_

### Acknowledgement of Risk and Waiver of Liability

I understand that I, \_\_\_\_\_, will be participating in a fitness program through Peel Pilates that will require physical exertion. Before beginning this program, I was asked by my instructor whether I have any physical limitations, or whether I am taking any medications or receiving any medical treatment that might make it unsafe for me to participate in this fitness program. There is no such limitation, medication, or medical treatment other than those I have disclosed on the attached sheet.

I understand that by signing this statement, I am agreeing to not hold Peel Pilates or any of its employees, owners, agents, or insurers responsible for any bodily injury or property damage that I may suffer as a result of my participation in a fitness program through Peel Pilates.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date