Pilates by Vanessa

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Client Information

The information obtained from this form will be used to assist in determining your health/ physical condition in regard to your participation in a regular exercise program. It is important that each question be answered as completely and accurately as possible. The information recorded will be kept confidential.

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

DATE OF BIRTH: _____

EMERGENCY CONTACT- NAME/ PHONE NUMBER: _____

_____

TRAINING GOALS: _____

Do you have or ever had any medical problems/illnesses? _____

Describe: _____

Have you had children? Please list dates of birth: _____

_____

Any surgeries or hospitalizations? _____

List any bone, muscular, or joint injuries you have: _____

List all medication, vitamins, or supplements: _____

Describe your exercise regimen: _____

Describe your diet: _____

Has your physical activity ever been restricted? _____

YES	NO	
____	____	Do you have high blood pressure?
____	____	Do you have high cholesterol?
____	____	Have you ever had an abnormal EKG?
____	____	Family history of heart disease, stroke, chest pain?
____	____	Personal history of heart disease, stroke, chest pain?
____	____	Rapid or irregular heart rate?
____	____	Do you smoke?
____	____	Diabetes?
____	____	Thrombosis/Embolism (blood clots in veins or arteries)?
____	____	Shortness of breath? Respiratory disease?
____	____	Detached retina?
____	____	Fainting or dizziness?

Notes regarding any “yes” responses :

_____

_____

Please list three goals that you would like to achieve from Pilates/Personal Training:

1. _____
2. _____
3. _____