**INFORMATION SHEET:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_\_Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Height\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Weight\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician, PT, or any other health care provider’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do we have permission to contact them? \_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about The Pilates Edge? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH HISTORY**

Has your doctor ever said your blood pressure was too high or low? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any cardiovascular problems (abnormal ECG, previous heart attack, arteriosclerosis, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a history of asthma, emphysema, or bronchitis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have experience any lightheadedness or fainting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your doctor ever told you your cholesterol level was high? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you or anyone in your family have a history of diabetes? If so, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any injuries or orthopedic problems (bursitis, arthritis, bad back or knees)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had any recent illnesses, hospitalizations or surgical procedures? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What, if any, prescribed medications or dietary supplements are you taking? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any other medical conditions or problems not previously mentioned? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I acknowledge, to the best of my ability, that I am in good health and have no medical problems that would restrict my ability to participate in this exercise program.*

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What other forms of movement have you experienced in your life?**

Yoga \_\_\_\_\_\_\_\_\_\_\_\_\_

Martial Arts \_\_\_\_\_\_\_\_\_\_\_\_\_

Dance \_\_\_\_\_\_\_\_\_\_\_\_\_

Group Exercise \_\_\_\_\_\_\_\_\_\_\_\_\_

Cardio Machines \_\_\_\_\_\_\_\_\_\_\_\_\_

Weight Lifting/Personal Training \_\_\_\_\_\_\_\_\_\_\_\_\_

Running \_\_\_\_\_\_\_\_\_\_\_\_\_

Swimming \_\_\_\_\_\_\_\_\_\_\_\_\_

Gymnastics/Ice Skating \_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please let us know how important the following items are to you:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not Important  At All: | Not Very Important: | Neutral: | Somewhat important: | Very important: |
| Go Down Clothing Sizes |  |  |  |  |  |
| Overall Toning |  |  |  |  |  |
| Have Fun Exercising |  |  |  |  |  |
| Increased Core Strength |  |  |  |  |  |
| Increased Flexibility |  |  |  |  |  |
| Better Posture |  |  |  |  |  |
| Get Out Of Pain |  |  |  |  |  |

**How active would you say you are?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not Athletic At All** | **Sporatic Exerciser** | **Weekend Warrior** | **Regular Exerciser** | **Professional Athlete** |

**How hard would you say you liked to work out?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I’ve been known to vomit while exercising** | **I need to sweat** | **Moderate** | **I need lots of breaks** | **The idea of exercise is enough** |