bodyforté
Physiotherapy + Pilates

PILATES INFORMATION SHEET

Name: _____**Date:**_____

Telephone :_____**Address:** _____

Date of Birth:_____**mm/dd/yy**__**Email:**_____

Emergency Contact:_____**Phone:**_____

Relationship:_____**Email:**_____

PERSONAL HISTORY

Please read all the questions below and complete them carefully. All information will be treated as confidential.

Do you currently have any injuries (recent or past)? Describe them in detail: _____

_____

When did these injuries occur? _____

Have you ever experienced shortness of breath, dizziness or any other issue while exercising? _____Yes _____ No
If "Yes" what are they? _____

Do you have any chronic issues? _____Yes _____No

If "yes", what are they? _____

Osteoporosis: _____Yes _____No

If Yes: Spine ☐ Hips ☐

Please list any medications you are presently or have been taking:

_____
Are you presently doing any kinds of therapy? Massage, physical Therapy, acupuncture, chiropractor, any other?

_____

Have you ever done Pilates or Yoga in the past? _____Yes _____No

What are your intentions for this program? Please check those you would like to achieve, and give why.

Strengthen Core: _____
Improve Posture: _____
Reduce Stress: _____
Increase ability to focus on tasks: _____
Part of a weight loss program: _____
Other: _____

Where did you hear about us? _____

PLEASE SIGN YOUR NAME HERE: _____

SEEN BY: _____ Date:_____