

Pilates

Health History Form Jupiter Massage and Pilates

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

ZipCode: _____ Cell: _____

Email: _____ Occupation: _____

Would you like to receive occasional promotional emails from us? *Please circle Y / N*

How did you hear about us?

Google ____ TripAdvisor ____ Referral (please provide their name) _____

Yelp ____ Facebook ____ Vehicle Wrap ____ Other _____

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 | Acute Injury |
| Other: _____ | | | |

Do you experience any back pain? Describe: _____

Past surgeries/injuries and dates: _____

Please list any current medications: _____

Please describe any physical activity you do and how frequently: _____

What does your typical day involve physically? Sitting at computer, lifting, standing for long periods of time? _____

Do you have any past Pilates training? If yes, where and what is your experience? _____

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

In case of emergency, contact: Name _____ Number: _____

Acknowledgement of Risk and Waiver of Liability

I understand that I, _____, will be participating in a fitness program through Jupiter Massage and Pilates that will require physical exertion. Before beginning this program, I was asked by my instructor whether I have any physical limitations, 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 written on the attached sheet. I understand that by signing this statement, I am agreeing to not hold Jupiter Massage and Pilates or any of its employees, owners, agents, or insurers responsible for any bodily injury or property damage that may suffer as a result of my participation in a fitness program with them.

Client's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____