BODIES IN BALANCE
PILATES STUDIO

Welcome to BODIES IN BALANCE. We ask that you take a few minutes to fill out this form. All information will be kept confidential.

Name _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work / Cell _____

E-mail Address _____ Occupation _____

Birth Date ___/___/_____ Age _____ Height _____

Emergency Contact _____

Relationship _____ Phone _____

How did you hear about BODIES IN BALANCE? _____

MEDICAL HISTORY - Please check if you have a history of the following conditions:

- ☐ High Blood Pressure
- ☐ Abnormal Heart Rate
- ☐ Pacemaker
- ☐ Heart Palpitations
- ☐ Heart Murmur
- ☐ Angina (chest pain)
- ☐ Shortness of Breath
- ☐ Osteopenia
- ☐ Osteoporosis
- ☐ Osteoarthritis
- ☐ Abnormal Bleeding
- ☐ Seizures/Epilepsy
- ☐ Asthma
- ☐ Hearing Problems
- ☐ Emphysema
- ☐ Chronic Lung Problem
- ☐ Chronic Heartburn
- ☐ History of Ulcers
- ☐ Night Sweats
- ☐ Neurologic Conditions (Multiple Sclerosis, Parkinsons)
- ☐ Dizziness
- ☐ Bowel or Bladder Problems
- ☐ Autoimmune Disorder
- ☐ Recent or sudden weight loss/gain
- ☐ Thyroid Problems
- ☐ Diabetes
- ☐ Cancer
- ☐ Chronic Heartburn/Intestinal Upset
- ☐ Nausea

MEDICAL HISTORY - Please check if you have a history of the following conditions:

- ☐ Anterior Cruciate Ligament Knee Injury
- ☐ Facet Joint Syndrome
- ☐ Herniated Disc or Bulge
- ☐ Rheumatoid Arthritis
- ☐ Spondylolisthesis
- ☐ Stenosis
- ☐ Scoliosis
- ☐ Sciatica
- ☐ Adhesive Capsulitis (frozen shoulder)
- ☐ Carpal Tunnel Syndrome
- ☐ Plantar Fasciitis
- ☐ Rotator Cuff Impingement
- ☐ Thoracic Outlet Syndrome
- ☐ Total Hip Replacement
- ☐ Total Knee Replacement

Medications you are presently taking _____

_____

Allergies (including medications) _____

_____

Please list all prior surgeries _____

_____

Please list any medical or diagnostic tests you have had in the past two years _____

_____

Are you pregnant? Yes / No Prior Deliveries _____

_____

What is the primary reason for coming to our studio? What are your goals? _____

_____

Do you work out regularly? Yes / No

Describe your current workout and frequency _____

_____

Recreational activities _____

_____

Are you interested in (circle all that apply): Privates / Semi-Privates / Group Classes / Mat Classes

What times of day work best with your schedule (cirlce all that apply):

Weekdays: Mornings 8-11 Afternoons 12-5 Evenings 5-8

Saturdays: Mornings 8-11