HEALTH HISTORY FORM

This Health History Form is designed to help identify individuals for whom pilates might be inappropriate at the present time. It is not intended as a substitute for a complete physical examination and assessment by a physician. It is recommended that each client undergo a medical examination prior to the initiation of any exercise program, including pilates. With this understanding, please answer the following questions.

1. Name: _____

2. Do you currently have an illness or infection? Yes / No

   If yes, please explain: _____

3. Have you been hospitalized or had major surgery within the last year? Yes / No

   If yes, please explain: _____

4. Are you pregnant, or have you given birth within the last two years? Yes / No

5. Have you had or do you have any of the following conditions? Circle all that apply.

Diabetes	Multiple sclerosis	Asthma	HIV/AIDS
Seizures	Cancer	Arteriosclerosis	Stroke
Smoking	Eating Disorders	Parkinson's disease	Thyroid Disorder
Emphysema	Heart Disease	High Blood Pressure	Panic Attacks
Bronchitis	Irregular Heartbeat	Osteoporosis/Osteopenia	Drug or Alcohol Addiction

6. Do you have any other medical condition not previously mentioned? Yes / No

   If yes, please explain: _____

7. Do you have a history of the following injuries or orthopedic problems? Circle all that apply.

Joint problems	Neck disk issues	Upper back pain	Neck pain
Tendonitis	Nerve pain	Mid back pain	Ankle/foot pain
Bursitis	Sciatica	Low neck pain	Hip pain
Lumbar disk issues	Arthritis	Shoulder pain	Knee pain

8. Do you have any other injury or orthopedic problem not previously mentioned? Yes / No

   If yes, please explain: _____

9. Are you currently receiving any physical therapy?

   If yes, please explain: _____

10. Are you currently taking any medications? Yes / No

    If yes, list medication AND condition: _____

11. Current Fitness Activities: _____

The above information is true and correct. I agree that I have an ongoing obligation and responsibility to inform the instructor before I begin each pilates session of any medical condition, injury, or pregnancy that might affect my ability to participate.

_____	_____
Signature	Date
_____	_____
Street Address	City/State/Zip
_____	_____
Phone	Email