Please Print Clearly

Sarajane Leary
Certified Pilates Instructor
Client Profile Health History Form

Name: _____ Today's Date: _____

Address: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Date of Birth: _____ Height: _____ Weight: _____

Emergency Contact/Relation: _____ Phone: _____

Please circle all that apply:

High Blood Pressure	Diabetes	Fractures	Seizures
Low Blood Pressure	Joint Problems	Arthritis	Asthma
Osteoporosis/Osteopenia	Pregnancy	Chronic Fatigue	Muscle Cramps
Shortness of Breath	Chronic Illness	Scoliosis	Back Pain/Herniated Discs

Do you have any injuries, aches, pains, or health concerns? Are they current or past? _____

_____

_____

Any Surgeries? When? _____

_____

Current Medications: _____

Are you or have you been active in any sports or exercise programs? _____

Please describe: _____

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

_____

Instructor's Notes: _____

_____