



Client Profile and Medical History Form

First Name _____ Last Name _____

Cell Phone _____ Home Phone _____ Email _____

Home address _____

Occupation _____ Date of Birth _____

Emergency Contact Name _____ Relationship _____

Emergency Contact Number _____

Have you had any training in the Pilates Method or Yamuna Body Rolling? Where and when?

What are your goals for participating in this program?

What other form of exercise do you routinely participate in? Type / Duration / Times per week

Are you or have you ever been diagnosed by a Physician for (circle):

Asthma	Heart Disease	High Blood Pressure	Angina/Chest pain
Multiple Sclerosis	Numbness / tingling / diminished sensation		Fibromyalgia
Shortness of Breath	Chronic Fatigue Syndrome	Glaucoma	Migraines
Gastric Reflux	Peptic Ulcer Disease	Diabetes type I	Diabetes type II
Vertigo	Cancer, type:		

Please explain any condition(s) circled above:

Please list any relevant major accident(s) or surgery(s):

Are you currently pregnant? Yes ___ No ___

If so, are you considered "high risk" for any reason? _____

How far along? _____ weeks Due date _____

Prior Deliveries: _____

YES	NO	MUSCULOSKELETAL CONDITIONS	IF YES, DESCRIBE ONSET/DURATION/SEVERITY/LOCATION
		Stenosis	
		Spondylolisthesis	
		Herniated or Bulging Disc	
		Scoliosis	
		Sciatica	
		Carpal Tunnel Syndrome	
		Hip, knee, ankle, foot issues	
		Shoulder, elbow, hand issues	
		Tendon/Ligament/Muscle Sprain or Strain	
		Joint Replacement	
		Osteoporosis / Osteopenia	
		Arthritis	
		Rheumatoid Arthritis	
		Other	

What is your daily routine?

Routine	Explain	Hours per day
Sitting at the desk or else		
Standing		
Repetitive movements		
Other		

Fall Risk: Have you fallen in the past year? If yes please describe

Do you have a hobby? e.g., knitting... Could it be relevant to any body discomfort?

Is there anything else that would be helpful for me to know about you?

Participant's Signature _____ Date _____

Signature of Parent/Guardian if Participant is under age18 _____

Printed name of Parent/Guardian _____