

**Crazi Springz Classical Pilates and Body Work  
Health History Form**

(Please Print Clearly)

Name: \_\_\_\_\_ Date: (M)\_\_\_\_(D)\_\_\_\_(Y)\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number (H) \_\_\_\_\_  
(Cell) \_\_\_\_\_

Date of Birth: (M)\_\_\_\_(D)\_\_\_\_(Y)\_\_\_\_\_

Gender: M or F \_\_\_\_\_ Email Address: \_\_\_\_\_

Who may we thank for the referral? \_\_\_\_\_

Tell us a little about yourself:

Occupation: \_\_\_\_\_ How many hours do you work daily? \_\_\_\_\_ hrs

How many hours of sleep (average) do you get? \_\_\_\_\_

**Physical Activity:**

Is this your first Classical Pilates Class? Y or N

Have you taken a Mat or Equipment Class in the past? Y or N

What other physical activities do you do? Please Circle

Swimming, biking, running, hiking, walking, weight training, dancing

Others \_\_\_\_\_

How many times a week do you exercise? \_\_\_\_\_

Do you have a goal for your Pilates practice? Y or N

Would you be interested in a Classical Pilates Mat class outdoors?

Y or N / am or pm? Time suggested: \_\_\_\_\_

What would be the best time of day for your personal workout? \_\_\_\_\_ am or pm

**Physical Condition:**

Do you have any bone or Joint Conditions that we should be aware of? Y or N

If yes please explain: \_\_\_\_\_

Do you have any ailments or illness? Y or N

If yes please explain: \_\_\_\_\_

Do you have more energy in the am or pm? \_\_\_\_\_

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Do you have any injuries or past surgeries we should be aware of that may effect your Pilates practice? Y or N

If yes please explain recent injuries or surgeries we should be away of:

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Have you been informed by your family physician that you have Osteoporosis (low bone mass and deterioration of the bone tissue, this leads to increase bone fragility and risk of fracture) Y or N

Have you been informed by your family physician that you Osteopenia (Bone mineral density is lower then normal. Precursor to osteoporosis) Y or N

Liability Release:

I \_\_\_\_\_ agree in participating in a Classical Pilates Mat / Equipment classes at Crazi Spingz Classical Pilates and Body Work.

To my knowledge I have given a clear description of my physical condition and ability and will continue to update my teacher if any changes may occur.

I understand that classes I attend (equipment or mat at all levels) maybe physically stenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury.

Crazi Springz Classical Pilates Incorporated is not responsible for any injuries that may occur during or after class.

Print name:\_\_\_\_\_ Sign:\_\_\_\_\_ Date:\_\_\_\_\_

As your Classical Pilates Teacher my goal is to assist you to “Spring Back Into Action” To assist you in your Pilates Journey through Breath, Movement and Connecting you with your mind and spirit one movement at a time!

I hope you enjoy your class and many more in the future.

Would you like to be on our mailing list (monthly) to receive specials and news pertaining to Crazi Spingz Classical Pilates and Body Work? Y or N