

Health History Form Pilates (Please Print Clearly)

(Please Print Clearly)

Name: _____ **Today's Date:** (M)____(D)____(Y)____
Address: _____ City: _____
Postal Code: _____ Phone Num(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

If yes please share your goal with me: _____

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? _____

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

If yes please explain recent injuries or surgeries

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 Massage & CST (Crazi Springz Incorporated)

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 strenuous 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 one movement at a time!

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