



For Studio Use Only:

- _____ Entered M.Body
- _____ Entered C.Contact
- _____ Newsletter Updated
- _____ Mailed Welcome Ltr.

Health Profile

Name _____ DOB ____/____/____

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail (please print) _____

In case of an emergency, please contact: _____ Phone _____

Were you referred by anyone? _____

Have you ever been treated by a physician for: (Please check all that apply...)

- Arthritis
- Chronic Fatigue Syndrome
- Diabetes
- Fibromyalgia
- Heart Disease
- High Blood Pressure
- Gastric Reflux
- Glaucoma
- Multiple Sclerosis
- Orthopedic/ Joint (shoulder, elbow, spine, hip, knee) Problems
- Anterior Cruciate Ligament Knee Injuries
- Facet Joint Syndrome
- Herniated or Bulging Disk
- Spondylolisthesis
- Stenosis
- Total Hip Replacement
- Osteoporosis
- Peripheral Neuropathy (numbness/tingling/diminished sensation)
- Rheumatoid Arthritis
- Other (please explain) _____

Are you pregnant? Yes No

Prior Deliveries: _____

Prior Surgeries:

Prior Injuries, Musculoskeletal, and Neuromuscular Issues:

- Adhesive Capulitis (frozen shoulder)
- Carpal Tunnel Syndrome
- Plantar Fasciitis
- Rotator Cuff Impingement
- Thoracic Outlet Syndrome
- Other: _____

Do you carry a list of your medications? Yes No

Activity Level/Exercise Frequency: _____

Prior movement experience (dance, Feldenkrais, yoga, etc.)? _____

Please turn over for Waiver of Liability

Waiver of Liability and Informed Consent

In consideration of being allowed to participate in any way in the Pilates Plus Wellness Center programs, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from activities involved in the program is significant, including the potential for permanent paralysis and death and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from this negligence of the releases or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I for myself and on the behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold the Pilates Plus Wellness Center, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (“Releasees”), with respect to all and any injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by the law.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Today’s date

Client Signature

Client Name: Please Print

Client Address

Please turn over for Health Profile