

The Pilates & Yoga Center of St. Louis

Client Health Information Form

Welcome to the Pilates and Yoga Center of St. Louis. So we can better serve your health and fitness needs, we ask you to please take a few minutes to complete this form. Thank you.

Name: _____

Phone: _____ Date: _____

1. Describe your physical condition. List all injuries, ailments, and any significant medical treatments/surgeries. Check all body parts that are involved and specify right (R) and left (L) where appropriate.

____ head	____ arm	____ hip/pelvis	____ lower back
____ neck	____ ribs	____ knee	____ upper back
____ shoulder	____ abdomen	____ ankle/foot	____ middle back

2. Describe your current physical condition. Include any medications you are taking.
(Please indicate if you are pregnant.)

3. List all previous and current activities/sports.

4. Are there any specific fitness or health goals you hope to achieve through the Pilates Method?

5. Who is your referring doctor/ chiropractor/ physical therapist/ massage therapist, etc.?
