

The Pilates & Yoga Center of St. Louis

Client Health Information Form - 2011

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.?
