



## AWAKE BODIES

### Awake Bodies Health/ Medical History Questionnaire & Client Profile

Name Age

Address City ZIP

Home Phone Work Cell

Email Adress Referred By

Birth Date Occupation

Describe any physical activity you do regularly.

What type of movement have you experienced? (Circle all that apply.)

Dance      Yoga      Martial Arts      Running      Swimming      Aerobics  
Weight Training      Skiing      Road or Mt. Biking

Other sports:

Have you ever done Pilates?    Yes    No

If yes, circle all that apply:

Group Mat Work      Group Equipment      Private Sessions

Are you pregnant?    Yes    No      Do you smoke cigarettes?    Yes    No

Do you have, or had in the past? Check all that apply.

- Heart problems or stroke
- Family history of heart disease
- High blood pressure
- Chronic illness or condition
- Recent surgeries (last 2 years)
- Recent injuries (last 2 years)
- High cholesterol
- Sprains, fractures, or dislocations
- Diabetes or thyroid condition
- Whiplash
- Asthma/ lung problems
- Hernia
- Scoliosis
- Obesity (more than 20 percent over ideal body weight)
- Muscle, joint, or back disorder
- Osteoporosis or osteopenia
- Disc bulge or herniation
- Spondylolysis or spondylolisthesis
- Spinal stenosis
- Nerve impingements

If you checked anything, please explain.

## **Accident and Injury History**

Please tell us about all accidents and injuries including any permanent problems.

Please list any medications you are now taking and reason.

Physician's Name\*

Phone

**\*Please be sure to notify your physician that you will be practicing Pilates**

If you are currently receiving care from any of the following and would like us to correspond with them, please fill out below.

Physical Therapist -

Chiropractor -

Massage or Bodywork Therapist -

### **Emergency Contact**

Name

Relationship

Phone