

Welcome to Rivercity Pilates. To better serve your health and fitness needs, we ask that you please take a few minutes to complete this form. Thank you.

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Birth Date _____ Occupation _____

Home Phone _____ Cell phone _____

Email address _____

Who should we contact in case of an emergency?

Name/Relationship _____ Phone _____

Please indicate whether you experience or have experienced the following:

- | | | |
|--------------|------------------|---------------------|
| Hypertension | Chest Discomfort | High Cholesterol |
| Diabetes | Heart Disease | Metabolic Disorders |
| Cancer | Arthritis | |

Describe your physical history, listing major injuries, ailments, illnesses, surgeries, pregnancies, and any significant medical treatments. Check all body parts involved, specifying Right (R) or Left (L) where appropriate.

- | | | | |
|----------|-------------|------------|------------|
| Head | Arm/Hand | Lower Back | Hip/Pelvis |
| Neck | Upper Back | Ribs | Knee |
| Shoulder | Middle Back | Abdomen | Ankle/Foot |

Describe your present physical condition. Include any medication(s) you may be taking.

List all current sports and/or activities.

What fitness or health goals do you hope to achieve with Rivercity Pilates?

How did you find out about Rivercity Pilates?
