



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ How did you hear about us: \_\_\_\_\_

Occupation: \_\_\_\_\_ Referred by: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Gender:  Male  Female

1) Were you referred by a Physician? Yes No Circle one. If yes -

Physician: \_\_\_\_\_ Physical Therapist: \_\_\_\_\_

Have you ever done Pilates before?  Yes  No *If yes, what kind? Mat Reformer All Equipment*

What is your ideal workout schedule? # per week \_\_\_\_\_ Best days/times: \_\_\_\_\_

2) Please describe your current fitness program.

\_\_\_\_\_

3) Please describe any pain you are having (back, hip) and give the history of this pain including treatment.

\_\_\_\_\_

4) Has a doctor given you a diagnosis for this injury? \_\_\_\_\_

5) Are you under low, medium or high stress? \_\_\_\_\_

6) What are your primary objectives for joining the Studio Verve Pilates Program?

\_\_\_\_\_

7) How soon would you expect to see results? \_\_\_\_\_

8) What kind of a time commitment do you want to make to achieving these objectives?

\_\_\_\_\_

9) Would you like to change your current weight?  Yes  No

*If yes, how much would you like to lose or gain?* \_\_\_\_\_

Would you be willing to keep a food diary?  Yes  No

**Do you now or have you had:**

History of heart problems, stroke, or chest pain?

Yes  No

History of heart problems in your family?

Yes  No

High blood pressure?

Yes  No

Any chronic illness or condition?

Yes  No

Difficulty with physical exercise?

Yes  No

Advice from a doctor not to exercise?

Yes  No

Surgical history?

Yes  No

Arthritis, bursitis or tendonitis?

Yes  No

Pregnancy?

Yes  No

History of breathing or lung problems?

Yes  No

Diabetes or thyroid condition?

Yes  No

Cigarette smoking habit (#\_\_\_\_\_ per day)

Yes  No

Drink alcohol (#\_\_\_\_\_ per day)

Yes  No

Weight problem (10 or more lbs overweight)

Yes  No

Increased blood cholesterol?

Yes  No

Take vitamins and minerals?

Yes  No

Maintain a healthy diet?

Yes  No

Do you have poor posture?

Yes  No

Excess fatigue or stress?

Yes  No

Bone Density – Osteopenia/ Osteoporosis?

Yes  No

Please provide details to any question that you answered "yes"

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List any medications you are currently prescribed and take on a regular basis:

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I, \_\_\_\_\_ voluntarily consent to engage in a fitness program with The Studio Verve Pilates. I understand that in rare instances physical exercise causes dizziness, chest discomfort, nausea, joint or muscle soreness. I agree to assume all risks involved and hereby release all employees/staff from any and all health claims, suits, losses, or causes of action for damages, injury or death, including claims for negligence, arising out of or related to my participation in a fitness program or assessments. I have read the foregoing carefully, and I understand its content. Any questions that may have occurred to me concerning this informed consent have been answered to my satisfactions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_