



Client Profile and Medical History Form

First Name _____ Last Name _____

Cell Phone _____ Home Phone _____ Email _____

Home address _____

Occupation _____ Date of Birth _____

Emergency Contact Name _____ Relationship _____

Emergency Contact Number _____

Have you had any training in the Pilates Method or Yamuna Body Rolling? Where and when?

What are your goals for participating in this program?

What other form of exercise do you routinely participate in? Type / Duration / Times per week

Are you or have you ever been diagnosed by a Physician for (circle):

Asthma Heart Disease High Blood Pressure Angina/Chest

pain Multiple Sclerosis Numbness / tingling / diminished sensation

Fibromyalgia

Shortness of Breath Chronic Fatigue Syndrome Glaucoma
Migraines

Gastric Reflux Peptic Ulcer Disease Diabetes type I Diabetes
type II

Vertigo Cancer, type:

Please explain any condition(s) circled above:

Please list any relevant major accident(s) or surgery(s):

Fall Risk: Have you fallen in the past year? If yes please describe

Are you currently pregnant? Yes _ No _ If so, are you considered "high risk" for any reason?

How far along? _____ weeks Due date

Prior Deliveries:

YES	NO	MUSCULOSKELETAL CONDITIONS	IF YES, DESCRIBE ONSET/DURATION/SEVERITY/LOCATION
		Stenosis	
		Spondilolisthesis	
		Herniated or Bulging Disc	
		Scoliosis	
		Sciatica	
		Carpal Tunnel Syndrome	
		Hip, knee, ankle, foot issues	

		Shoulder, elbow, hand issues	
		Tendon/Ligament/Muscle Sprain or Strain	
		Joint Replacement	
		Osteoporosis / Osteopenia	
		Arthritis	
		Rheumatoid Arthritis	
		Other	

What is your daily routine?

Routine	Explain	Hours per day
Sitting at the desk or else		
Standing		
Repetitive movements		
Other		

Do you have a hobby? e.g knitting... Could it be relevant to any body discomfort?

Is there anything else that would be helpful for me to know about you?

Participant's Signature _____

Date

Signature of Parent/Guardian if Participant is under age18

Printed name of Parent/Guardian
