



Health History

Name _____

Address _____

City _____ Zip _____

Phone Numbers _____

Email _____

Birth date _____ Age _____

Emergency Contact _____

How did you hear about us? _____

What is your goal in coming to Elizabeth Brown Pilates? _____

1. Has your doctor ever said that your blood pressure was too high or too low?

2. Do you have diabetes? _____

3. Do you have any known cardiovascular problems (abnormal ECG, previous heart attack, etc.)? _____

4. Has your doctor ever told you your cholesterol level was too high?

5. Do you have any injuries or orthopedic problems (bursitis, bad back, bad knees etc.) please be specific?

6. Are you pregnant? _____ Are you post-partum less than six weeks? _____

7. Do you often feel faint or have spells of severe dizziness? _____

8. Do you experience extreme breathlessness after mild exertion? _____

9. Has your doctor ever said that you have bone or joint problems, such as arthritis or osteoporosis that can be aggravated or made worse by exercise?

Do you have any other medical conditions or problems not previously mentioned?

11. Do you know of any other reason why you should not do physical activity? _____

12. What is your current exercise program? _____

I have completed this health history to the best of my ability and have not knowingly withheld any information concerning my health history. I acknowledge to the best of my ability that I am in good health and have no known problems that would restrict my ability to participate in this exercise program. I will notify the instructor if I am made aware of any changes in my health history, or my current health situation.

Signed _____ Date _____