Health History Questionnaire

PLEASE PRINT

Today's Date: _____/_____/_____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Street Address: _____ (seasonal residence)

City: _____ State: _____ Zip: _____

Phone (Home): _____ (Cell)_____(Work) _____

Occupation: _____ Place of work: _____

Email: _____

Date of Birth: _____/_____/_____ Height: _____ Weight: _____ Age: _____ Sex: M F

Person to contact in case of emergency:
Name: _____ Phone: _____

Please circle any of the following that apply:

High Blood	Pressure	Heart Problems	Post-Partum	Joint Problems
Seizures	Respiratory	Diabetes	Neurological	
Liver Disease	Fractures	Cancer	Hernia	
Pregnant	Smoker	Asthma	Scoliosis	
Chronic Illness	Balance	Allergies	Recent Surgery	
Back Problems	Arthritis	Shortness of Breath		

*If you circled any of the above, please explain:

_____

_____

Current Medications?

_____

How did you hear about us?

_____

What are your fitness goals?

_____

_____

Are there any other things you would like to tell us about your health?

_____

_____

Current physical activity level and exercises:

_____

_____

Are you under the care of a physician, chiropractor, or massage therapist for a musculoskeletal problem? _____

If yes, reasons and results:

_____

List any major surgeries or illnesses:

_____

_____

Waiver Form

This form is an important legal document. It explains the risks you are assuming by beginning an exercise program. It is critical that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided at the bottom.

Waiver and Covenant Not to Sue

I, _____, have volunteered to participate in a program of physical exercise under the direction of Centered Pilates and Fitness, Inc. which will include, but may not be limited to, weight and/or resistance training. In consideration of Centered Pilates and Fitness Inc.'s agreement to instruct, assist, and train me, I do here and forever release and discharge and hereby hold harmless, Centered Pilates and Fitness, Inc., and their respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program (and including their negligent and/or omissions) any injuries resulting there from.

Assumption of Risk

I, _____, recognize that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure, fainting, disorders in heartbeat, heart attack, and in rare instance, death. I understand that physical contact is an integral part of this exercise program and is done in a therapeutic manner. I understand that as a result of my participation in an exercise program, I could suffer an injury or physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life. I recognize that all participants, prior to involvement in any exercise program, should obtain an examination and clearance to participate by a physician. If I, _____, have chosen not to obtain a physician's permission prior to beginning this exercise program with Centered Pilates and Fitness, Inc., I hereby agree that I am doing so at my own risk. In any event, I acknowledge and agree that I assume the risks associated with any and all activities and/or exercise in which I participate. I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this program. I understand that results are individual and may vary.

Participant's signature _____ Date _____
Please print name: _____

Cancellation Policy

Please Read and Initial _____

If you are unable to contact the studio more than 12 hours in advance of your appointment, you will be billed the full amount of the session. All classes are pre-paid.