Health History

Name _____ Date_____
Age _____ Birth Date_____

Contact Info:
Address_____ Home Phone _____
Email_____ Cell Phone_____
Physician_____ Phone_____
Emergency Contact_____ Phone_____

Please list any current injuries/diagnoses/medications:

Does your physician know you are beginning a training program?

Please describe your current physical regimen:

Do you have now, or have you had in the past, any of the following:

	Yes	No
1. History of heart problems, stroke		
2. Increased blood pressure		
3. Chronic illness or condition		
4. Difficulty with exercise		
5. Recent surgery		
6. Pregnancy		
7. Breathing or lung problems		
8. Muscle, joint or back pain/disorder		
9. Diabetes or thyroid condition		
10. Cigarette smoking		
11. Obesity		
12. High cholesterol		
13. Family history of heart problems		
14. Herniation		

Please explain any "**Yes**" answers:

_____

_____

_____

the pilates room

Kelly Richardson
certified stott pilates instructor

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