



CLIENT PROFILE AND MEDICAL HISTORY FORM

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

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

How did you hear about Core Pilates? \_\_\_\_\_

Emergency Contact/Relation \_\_\_\_\_ Phone \_\_\_\_\_

Do you have any injuries, aches, pains, or health concerns? Are they current or past? \_\_\_\_\_

\_\_\_\_\_

Please circle any that may apply:

- |                     |                |                 |              |
|---------------------|----------------|-----------------|--------------|
| High Blood Pressure | Diabetes       | Fractures       | Seizures     |
| Heart Problems      | Joint Problems | Chronic Illness | Asthma       |
| Muscle Cramps       | Pregnancy      | Chronic Fatigue | Osteoporosis |
| Shortness of Breath | Vertigo        | Night Pain      | Scoliosis    |

Cancer – Please describe: \_\_\_\_\_

Back Pain – Please describe: \_\_\_\_\_

Recent Surgeries – Please describe (including dates): \_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

Do you have any other health concerns you'd like to share?

Are you presently doing other kinds of therapy? E.g. massage, physical therapy, chiropractic...

Are you or have you been active in any sports, exercise programs, physical activity?

Please describe type and frequency.

What does your typical day involve physically? E.g. sitting at computer, lifting, standing for long periods, caring for children...

Do you have any past training in the Pilates method of movement?

If yes, where, and what is your experience?

What are your goals? What do you want most from your Pilates experience?

Is there anything else you'd like your Pilates instructor to know?

## ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

I understand that I, \_\_\_\_\_, will be participating in a fitness program through Core Pilates that will require physical exertion. Before beginning this program, I was asked by my instructor whether I have any physical limitations, or whether I am taking any medications or receiving any medical treatment that might make it unsafe for me to participate in this fitness program. There is no such limitation, medication, or medical treatment other than those I have written on the attached sheet. I understand that, by signing this statement, I am agreeing to not hold Core Pilates or any of its employees, apprentices, instructors in training, owners, agents, or insurers responsible for any bodily injury or property damage that may suffer as a result of my participation in a fitness program through Core Pilates whether at Core Pilates at home, or elsewhere. As such, I understand and agree that Core Pilates, its employees, apprentices, instructors in training, owners, agents, or insurers shall not be liable for any bodily injury or property damage that may result either directly or indirectly from my participation in a fitness program through Core Pilates.

Participant's Signature

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Date

## CANCELLATION POLICY

As a courtesy to our staff and clients we have a 24 hour cancellation policy. It is each client's responsibility to notify Core Pilates at least 24 hours in advance, should you need to cancel or reschedule your appointment to avoid cancellation fee. Failure to provide the required notice will result in a late cancellation fee equivalent to the cost of the session, which will be deducted from your series. Please understand that we must enforce this policy strictly. Scheduling an appointment is your acceptance of these policies. We thank you for your cooperation!

I understand the terms of this form. I agree to be financially responsible to pay for charges incurred from cancellations made less than 24 hours or no shows. I authorize Core Pilates to charge my account in the event of a cancellation or no show. I understand that if I arrive 15 minutes late, I may not receive treatment but will be charged.

Participant's Signature

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Date