

Client Profile

Name _____ Date _____
Address _____ Phone _____
City _____ Zip _____ Age _____
Email Address _____ Sex _____
Occupation _____
How did you hear about Progressive Pilates? _____

Accident and Injury History-Please tell us about all accidents and injuries including any permanent problems:

Chronic Illness:

Have you ever had:

High Blood Pressure ___ Heart Problems ___ Joint Problems ___ Diabetes ___ Whiplash ___
Surgery ___ Liver Disease ___ Sprains ___ Fractures ___ Asthma ___ Cancer (type _____)

Please Explain:

What type of movement have you experienced?

Dance ___ Yoga ___ Martial Arts ___ Running ___ Swimming ___ Aerobics ___
Nautilus/Weight Training ___ None ___ Other _____
Sports (please specify) _____

Are you pregnant? ___ yes ___ no Have you recently given birth? _____

Medications you are now taking _____

Do you have any allergies? _____

Is there anything else that could affect our work together? Please describe _____

Are you currently receiving care through:

___ Physical Therapy (Therapist's name) _____ Phone _____

___ Chiropractic (Dr.'s Name) _____ Phone _____

___ Massage or other bodywork (Name) _____ Phone _____

___ Physician (Name) _____ Phone _____

In the event of an emergency contact: _____ Phone _____