



HEALTH SCREENING

Please fill out this form as completely as you can and sign the statement at the bottom of the form. If you have any questions, please feel free to ask.

Last Name: _____ First Name: _____
Sex: _____ Age: _____ Marital Status: _____
Hobbies/Recreational Activities and Frequency: _____

Previous Experience with Pilates/Gyrotonic*: _____
General Health (check): ___ Excellent ___ Good ___ Fair ___ Poor
Personal Fitness Goals: _____

Are you currently experiencing any physical problems? If so, please explain: _____

Medications: _____

Previous Injuries: _____

Previous Surgeries: _____

Are you currently receiving professional health care (i.e. chiropractic, medical, massage therapy, physical therapy, etc.): _____

Are you currently or have you previously been diagnosed with any of the following (please check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Pregnancy (currently) |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Herniated Disc | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Shoulder Impingement | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Hyperglycemia | <input type="checkbox"/> Bowel/Bladder Changes |
| <input type="checkbox"/> Circulatory Disease | <input type="checkbox"/> Stenosis | <input type="checkbox"/> Thyroid Disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Numbness or Weakness |
| <input type="checkbox"/> Fainting Disorder | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Osteopenia |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Osteoarthritis | |

Other: _____

Is there anything else that you feel we should know about and have not asked? If so, please explain: _____

I, the undersigned, do hereby certify that I have completed the above information and know it to be truthful and accurate to the best of my knowledge.

Signature: _____ Date: _____