**CLIENT PROFILE AND MEDICAL HISTORY:**

Full Name:

Answer here.

Today’s Date:

Answer here.

Preferred Phone:

Answer here.

Secondary Phone:

Answer here.

Email:

Answer here.

Address:

Answer here.

Occupation:

Answer here.

Date of Birth:

Answer here.

How did you hear about Perk! Pilates Fitness? Who referred you?

Answer here.

Do you have any injuries, aches, pains, or health conditions? Are they current or past?

Answer here.

Please circle any that apply:

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

Recent Surgeries – Describe including dates:

Answer here.

Current Medications:

Answer here.

Do you have any other health concerns you would like to share?

Answer here.

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

Answer here.

Do you have any past training in Pilates? If yes, what is your experience?

Answer here.

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

Answer here.

Acknowledge of Risk and Waiver of Liability:

I understand that I will be participating in a fitness program through Perk! Pilates Fitness 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 the fitness program. There is no such limitation, medication, or medical treatment other than those I have specified in the form above. I understand that, by signing this statement, I am agreeing to not hold Perk! Pilates Fitness, LLC or any of its employees, owners, agents, or insurers responsible for any bodily injury or property damage that I may suffer as a result of my participation in a fitness program through Perk! Pilates Fitness, LLC whether at Perk! Pilates Fitness, at home, or elsewhere. As such, I understand and agree that Perk! Pilates Fitness, its employees, 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 Perk! Pilates Fitness

Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_