Pilates Studio Client Profile

Name ____ Date ___________

Date of Birth (mm/dd/yyyy) ____________ Age_____ Sex: M/F Height _______ Weight _______

Address________________________ City___________ Province______ Postal Code_____

Home Phone ____________ Work Phone ________________ Cell Phone ________________

Email __________________________ Who referred you to our clinic? __________________

Medical Doctor ______________________ Emergency Contact / # _______________________

What type of movement have you experienced?

❑ Aerobics ❑ Martial Arts ❑ Running ❑ Yoga ❑ None

❑ Dance ❑ Pilates ❑ Swimming ❑ Strength conditioning

❑ Sports (please list) ____

❑ Other (please specify) ____

Have you ever had any of the following? (please check all that apply)

❑ Arthritis ❑ Diabetes ❑ Joint problems ❑ Stroke

❑ Asthma ❑ Fractures ❑ Osteoporosis ❑ Surgery

❑ Cancer ❑ Heart problems ❑ Pregnancy (current/past) ❑ Sprains

❑ Chest pain ❑ High/low blood pressure ❑ Seizures/ epilepsy ❑ Hernia

❑ Dizziness ❑ Loss of consciousness ❑ Chronic Illness or disorder ❑ Tabaco use

❑ Respiratory condition ❑ Difficulty with stairs ❑ Difficulty with physical exercise

❑ Heart condition which the doctor has recommended only medically supervised physical activity

❑ Other (please specify) ____

Are you currently taking any medications? Y / N *(if yes please list below)*

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Please list any previous or current injuries you have had

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____

Is there anything else that could affect your work with us? Please explain:

____

____

What are your fitness/health goals? Please explain:

____

____

Do you have a personal injury claim open? If so, please provide details

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____

Do you have legal representation? If so provide details

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____

Are you currently under care for any condition? If yes please provide Type & Practitioner name

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I, __________________________, hereby state that the information provided to Aria Health and Wellness Clinic is truthful and complete. I recognize that failure to disclose important medical information releases Aria Health and Wellness Clinic and its instructors, staff and associates from all liability. I agree to keep Aria Health and Wellness Clinic updated as to any changes in my health status.

I, __________________________, understand I have enrolled in a program of strenuous physical activity including Pilates mat and apparatus work as well as aerobic and strength conditioning exercises offered by instructors and associates of Aria Health and Wellness Clinic.

I, __________________________, fully understand that I may injure myself as a result of my participation in this program and herby release Aria Health and Wellness Clinic and its instructors, staff and associates from all liability now or in the future including but not limited to heart attacks, strokes, muscle strains, sprains or tears, broken bones, shin splints, heat exhaustion, spinal injury, knee/foot/ankle and any other illness, soreness or injury however caused, occurring during or after my participation in the exercise program.

I understand that **24 hours cancellation notice** is required or the full fee for the session will be charged. I hereby affirm that I have read and fully understand the above information.

Signed: ____ Date: ________________________

Witness: ____ Date: ________________________