

HALE Pilates Method

Client Information & Medical History

PERSONAL INFORMATION- IF NOT ALREADY FILLED OUT ON MINDBODY ONLINE

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____

Primary Phone Number (Cell Preferred): _____

Emergency Contact:

Name: _____

Relationship: _____

Phone Number: _____

What are your fitness & nutrition goals? _____

How did you hear about HALE? (please check those that apply)

Yelp _____ Google Search _____ Southbay Magazine or Our Southbay _____

Driving or walking by _____

Friend (please specify) _____

Other (please specify) _____

MEDICAL HISTORY

Do you have any injuries, aches, or pains (recent or old)? Please explain.

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Have you had any surgeries? Please list. _____

Are you Pregnant? YES NO

Prior Deliveries? _____

Are you currently taking any medications? Please list. _____

Is there anything else you would like us to know about your health and/or physical abilities?

If you answered YES to any of these questions, HALE Pilates Method recommends you have your doctor sign a release form and give our instructors any specific limitation requirements for your exercise program.

If you answered yes to any of these questions yet choose to waive the recommendation to see a doctor, please sign here: _____

Always notify your instructor immediately if your current health status changes. If you are now, or become pregnant in the future, discuss your exercise program with your doctor, and notify your instructor immediately so we may recommend certain modifications.

I, _____ (print name), have read and understand all parts of this questionnaire. All questions were answered to the best of my knowledge.

Signature

Date

If signing of behalf of a minor:

I, _____ (print name), am the parent/guardian of _____ (print name of minor) and I am signing this agreement on behalf of said minor.

Signature

Date