



Elemental Movement - Health Questionnaire

Please answer the following questions. All information is confidential and will only be used to help your instructor create a personalized program for you.

Name _____ Date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Preferred Phone contact: _____ (Home/Cell/Work)

Preferred Email contact: _____

Birth Date: _____

Occupation: _____

Emergency Contact / Relationship: _____

Phone: _____

What specific health or fitness goals would you like to achieve at Elemental Movement - Pilate and More?

Physical History

Please note pre-existing conditions, including prior accidents, injuries, surgeries, or medical treatments that involve the following (date of onset/duration/severity/location):

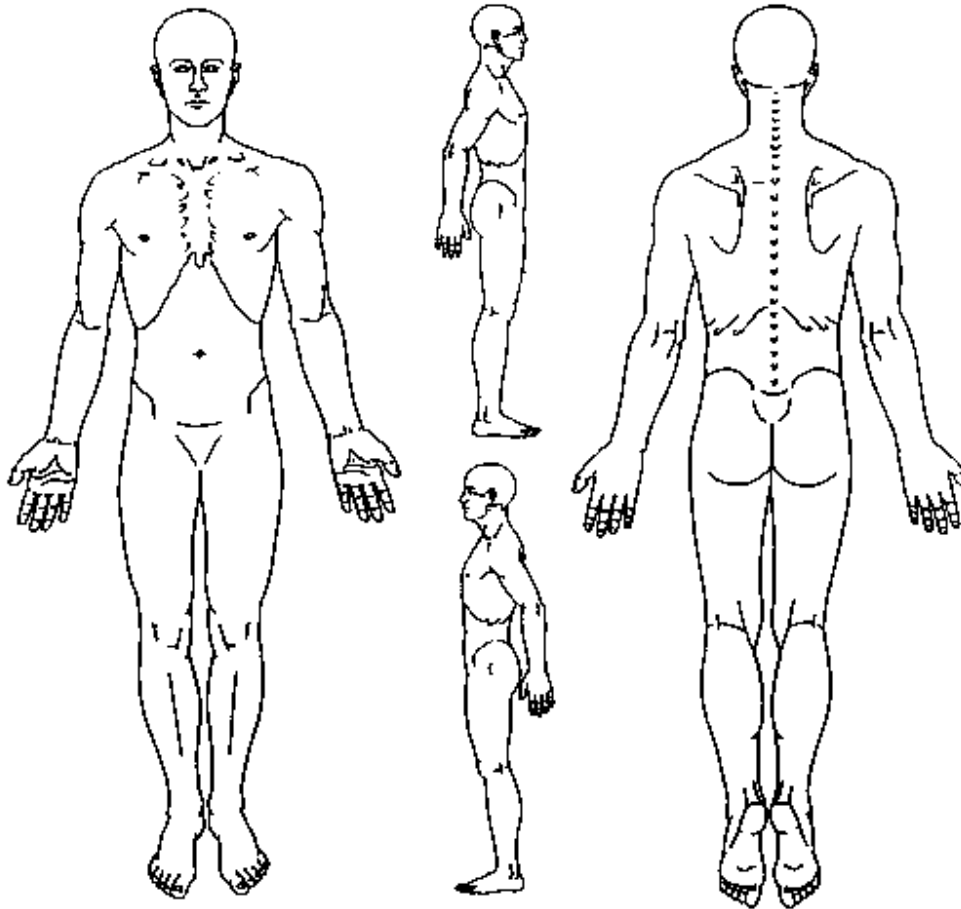
- Head/Neck _____
- Shoulder R/L _____
- Elbow R/L _____
- Hand R/L _____
- Lower back _____
- Middle back _____
- Upper back _____
- Rib cage _____
- Abdomen _____
- Pelvis _____
- Hip R/L _____
- SI Joint R/L _____
- Knee R/L _____
- Lower leg R/L _____
- Foot/Ankle R/L _____

Present Physical Condition

Please describe your present physical condition: _____

Please list your primary fitness, sports, and recreational activities: _____

Please note any current injuries or areas of concern on the figures below.



Special Conditions/Considerations:

Please list medications you are taking that might affect your participation in a program of exercise:

Please list any medical conditions that might affect your participation in a program of exercise (pregnancy, diabetes, high blood pressure, seizure disorder, MS, Parkinson's, etc.)

Are you currently seeing a health care practitioner (ND, MD, DC, DO, PT, etc.) for any of these conditions? ____ If yes, has your practitioner/therapist given you any activity restrictions? ____
If yes, please list:

If you would like me to be in touch with your health care practitioner, please provide me with her/his contact information:

Name: _____ Phone: _____