

Health History Questionnaire



Name	<input type="text"/>	Emergency contact	<input type="text"/>
Date of Birth	<input type="text"/>	Name	<input type="text"/>
Phone	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>	Alt. Phone	<input type="text"/>
Phone #	<input type="text"/>	Address	<input type="text"/>
Occupation	<input type="text"/>		

Does your occupation involve any repetitive movements/activities/or postures?
 ie. Predominantly sitting/deskbased/lifting/bending etc. Please explain

Your Current Health

Condition	If yes, please give details	Condition	If yes, please give details2
Lower back pain?	<input type="text"/>	High/low blood pressure	<input type="text"/>
Pelvic pain?	<input type="text"/>	Epilepsy (Grand Mal Seizures)	<input type="text"/>
Any other spinal conditions?	<input type="text"/>	Are you pregnant/pregnant in the last 6	<input type="text"/>
Orthopedic conditions?	<input type="text"/>	Respiratory/Ashma	<input type="text"/>
Cardiac/heart conditions	<input type="text"/>	Osetoporosis/Arthritis	<input type="text"/>
MS/ME/Parkinson's	<input type="text"/>	Major surgery?	<input type="text"/>
Diabetes	<input type="text"/>	Other health issues?	<input type="text"/>

Physical Conditions/History

Conditions	Y/N	Conditons	Y/N
Joint Replacement/Injuries		Spinal Surgery	
Fractures/Plates/Pins		Wrist/Hand Injury/condition	
Neck Condition/Injury		Muscle Injury/problems	
Restricted Movement		Back Condition/Injury	
Shoulder/Elbow Condition/Injury		Ligament injury	
Hip/Knee Condition/Injury		Hip/Knee Condition/Injury	
Ankle/Foot Condition/Injury		Any other injuries?	

Purpose of Pilates

Have you ever practiced pilates before?

Have you been referred to pilates by a health professional, if so by whom?

What are you fitness goals?

Please click all that apply to you.

Core stability Strength Flexibility Stress Management Relaxation Posture Other

What hobbies and/or sports are you involved in?

Medications

Are you currently taking any medication?

Have you ever taken anticoagulants, drugs to thin the blood?

Have you ever taken steroids?

Please list any health problems that you suffer with, not already mentioned, that may affect your ability to exerc

