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Name: _____ Age: _____ Pilates / Yoga / both
New to Pilates/Yoga? yes / no Previous experience:

What are your goals for private training:

Do you exercise or participate in sports regularly? yes / no If yes, what and how often?

List all medications you are currently taking:

Do you smoke? yes / no / trying to quit How is your overall health? excellent/ good/ fair / poor

Any of these health conditions could affect your training. Check ALL that apply to you, and provide any:

Necessary details. Please also discuss any pertinent health issues with your instructor/trainer.

- Fibromyalgia Hypoglycemia
- Arthritis Thyroid problem
- Osteoporosis or Osteopenia Diabetes
- Scoliosis Overweight
- High blood pressure Eating disorder
- Glaucoma Severe headaches
- Dizziness or fainting
- Chronic pain describe: _____
- Muscle stiffness, limited range of movement? _____
- Back or neck problems
- Previous surgery, type? _____
- when? _____ current status? _____
- Sports injury
- Under chiropractic care
- Pregnancy, due date? _____
- Circulation problems, describe: _____
- Respiratory problems
- Heart condition, describe: _____
- _____
- Cancer, describe: _____
- _____
- Epilepsy or seizures, medication taken: _____
- _____
- Immune system disorder describe: _____
- _____
- Infection, describe: _____
- _____
- Other, describe: _____

I hereby certify that the information given above is truthful and accurate to the best of my knowledge:

Signature: _____ Date: _____