

# **Health Profile/Informed Consent**

**NAME** \_\_\_\_\_  
**PHONE (home)** \_\_\_\_\_ **(work)** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**E-MAIL** \_\_\_\_\_ **OCCUPATION** \_\_\_\_\_  
**BIRTHDATE** \_\_\_\_\_ **HEIGHT** \_\_\_\_\_ **WEIGHT** \_\_\_\_\_  
**EMERGENCY CONTACT NAME** \_\_\_\_\_  
**CONTACT NUMBER** \_\_\_\_\_  
**HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_

- | <b>A. GENERAL MEDICAL INFORMATION</b>                                     | <b>YES</b> | <b>NO</b> |
|---|------------|-----------|
| <b>1. Have you had any major illnesses/surgeries?</b>                     | ----       | ----      |
| <i>If so, specify</i> _____   |            |           |
| <b>2. Do you have any current medical problems?</b>                       | ----       | ----      |
| <i>If so, specify</i> _____   |            |           |
| <b>3. Do you now or have you had any of the following?</b>                |            |           |
| <b>Heart Disease</b>  | ----       | ----      |
| <b>Chest Pain</b>   | ----       | ----      |
| <b>High Blood Pressure</b>  | ----       | ----      |
| <b>Shortness of Breath</b>  | ----       | ----      |
| <b>Asthma</b>   | ----       | ----      |
| <b>Diabetes</b>   | ----       | ----      |
| <b>Epilepsy</b>   | ----       | ----      |
| <b>Arthritis</b>  | ----       | ----      |
| <b>Dizziness/Fainting</b>   | ----       | ----      |
| <b>Seizures</b>   | ----       | ----      |
| <b>4. Are you currently under the care of a physician?</b>                | ----       | ----      |
| <i>If so, specify</i> _____   |            |           |
| <b>5. Are you currently on daily medication?</b>                          | ----       | ----      |
| <i>Specify only if related to question 3</i> _____                        |            |           |
| <b>6. Do you have allergies to specific medications?</b>                  | ----       | ----      |
| <i>If so, specify</i> _____   |            |           |
| <b>B. MUSCULO-SKELETAL</b>  | <b>YES</b> | <b>NO</b> |
| <b>1. Do you now or have you had any problems in the following areas?</b> |            |           |
| <b>Neck</b>   | ----       | ----      |
| <b>Shoulders</b>  | ----       | ----      |
| <b>Upper Back</b>   | ----       | ----      |
| <b>Lower Back</b>   | ----       | ----      |
| <b>Hips</b>   | ----       | ----      |
| <b>Knees</b>  | ----       | ----      |
| <b>Ankles</b>   | ----       | ----      |
| <b>Wrists</b>   | ----       | ----      |

	<b>YES</b>	<b>NO</b>
<b>2. Do you currently have any muscle injuries/disease?</b>	---	---
<i>If so, specify</i> _____		

<b>3. Have you had any broken bones?</b>	---	---
<i>If so, specify</i> _____		

**C. EXERCISE/ACTIVITY**

**1. How many hours a week do you exercise?** \_\_\_\_\_

**2. What is your current exercise regime?  
(activity/frequency)**\_\_\_\_\_

**D. GOALS**

**1. What do you hope to achieve by starting a Pilates program?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**INFORMED CONSENT**

***Informed Body is committed to help you improve your physical condition and maintain a higher level of body awareness. All exercise sessions will be designed based on the client's individual needs and supervised by certified trainers.***

***You may experience muscle soreness or fatigue after you begin your fitness program. If these symptoms persist, you are advised to consult a physician. Exercise involves inherent risks and possible adverse physical reactions. Every effort will be made to minimize these possibilities. Please be advised that before beginning any exercise program, a complete physical examination is recommended.***

***I, \_\_\_\_\_ have been advised that my participation in an exercise program may expose me to the risk of personal injury. I am aware of this potential danger, and with full knowledge of this risk, voluntarily accept and assume this risk of injury by signing this release and by participating in these activities. I further agree to indemnify and hold harmless Informed Body and any of its trainers and agents.***

***I have read this consent and release, understand the meaning of its contents, and sign it voluntarily.***

**Signature**\_\_\_\_\_

**Date**\_\_\_\_\_

**PLEASE ALLOW A MINIMUM OF 24 HOURS NOTICE FOR RESCHEDULING OR CANCELING APPOINTMENTS OR FULL FEE APPLIES. THANK YOU.**