



## **Client History and Health Profile**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_ City and Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Referred By \_\_\_\_\_

Preferred Days and Times for appointments \_\_\_\_\_

### **Medical History**

How is your general health?

Any chronic, ongoing conditions that you deal with on a regular basis? Explain. \_\_\_\_\_

Are you currently seeing a doctor for any reason? Explain. \_\_\_\_\_

Do you have any skin rashes or other skin problems right now? \_\_\_\_\_

Any surgeries or hospitalizations more than 10 years ago? ... less than 10 years ago

Have you ever been involved in an accident more than 10 years ago? If so, what care did you receive? ... less than 10 years ago

Are you currently seeing a doctor for any reason? Explain. \_\_\_\_\_

Date of Last Physical Exam  
Are you currently seeing a chiropractor, acupuncturist or other practitioner for any reason? Explain. \_\_\_\_\_

Height

Weight

Are you pregnant?

These conditions affect your ability to exercise; please check the items which apply to you:

High Blood Pressure - Specify:

Heart Ailment - Specify:

Family History of Heart Disease - Specify:

Stroke of Family History of Stroke - Specify:

Heart Palpitations

Chest Pains

Dizzy Spells or Fainting

Difficulty Breathing or Asthma

Hay Fever or Allergies - Specify:

Shortness of Breath from Mild Exertion

Epilepsy

Diabetes - Specify:

Hypoglycemia

Thyroid Problems

Polio

Cancer

High Cholesterol

Back Problems – currently or in past - Specify:

Osteoporosis - Test Score:

Herniated Discs - Specify:

Arthritis - Specify:

Torn Muscles - Specify:

Torn Ligaments or Tendons - Specify:

Torn Cartilage - Specify:

Nerve Injuries - Specify:

Fractures - Specify:

Dislocations - Specify:

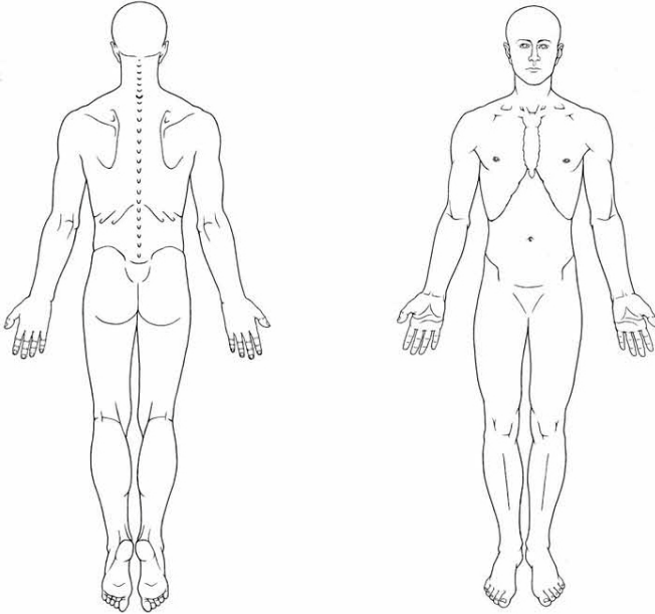
Hernia - Specify:

Tendonitis - Specify:

Sprains - Specify:

Any other medical problems, accidents or falls not listed above - specify?

Please indicate where you feel discomfort or pain:



List daily activities limited by discomfort or pain:

Work

Home/Family

Sleep/Self-care

Social/Recreational

## Life Style

Do you smoke?

If so, how many a day?

How many alcoholic drinks usually per week?

How would you describe your eating habits?

How many meals per day do you eat?

Which meal do you tend to skip?

Do you often feel anxious, tense, or under pressure or stress? (circle one)

Almost never

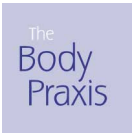
Occasionally

Frequently

Almost always

Describe your sleeping habits?

Do you get regular bodywork?



## Activity Profile

How many hours of exercise do you do regularly per week?

Please list:

Activity	Frequency	Since when?

Have you had to stop any kind of exercise before? If so, why and when?

Would you like to get back to it?

## Wellness and Activity Goals

Please list 5 **s**pecific, **m**easurable, **a**chievable, **r**ealistic and **t**ime-measurable goals:  
(e.g. "I would like to be able to touch my toes, sitting with my legs straight out from me, in 3 months" or "I would like to be able to walk 3 miles without any pain in my hip within 3 months")

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

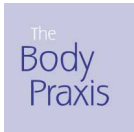
To the best of my knowledge, all of the above statements are complete and true.

Client's Signature

Today's Date

Guardian's Signature  
(if client under 18 years old)

Today's Date



## **Studio Policy Agreement**

The above named individual hereby acknowledges and agrees to the following:

Payment: Client agrees to pay the amount due prior to or at the next appointment. Client will be charged the full session fee for cancellations or rescheduling made less than 24 hours before the scheduled session. All returned checks will be charged a \$25 fee.

Arrival/Departure: Client's late arrival for or early departure from a scheduled session will not reduce the fee or change the session end time. The Practitioner will wait for 30 minutes of the scheduled session, after which period the Practitioner is free from obligation and the Client is charged the full amount of the scheduled session.

Package Expiration: Single sessions are paid for at the time of the appointment. Each package has a clearly specified expiration date which will not be extended. There will be no refunds for unused package sessions.

Cell Phones/Perfumes/Shoes/Drinks: Cell phones must be turned off while in the studio. Client agrees to not wear perfumes or colognes to the studio in consideration of other clients' environmental sensitivities. Client will remove shoes when entering the studio. Only water is allowed in the studio.

Quiet Areas: Client agrees to respect other clients and tenants in the building by not engaging in loud cell phone conversations or other conversations in the shared areas such as the studio, the hallway, the waiting area, or the roof patio.

Explanation of Program: All sessions – bodywork and pilates – will be designed based on the client's individual needs and supervised by the Practitioner. The sessions may consist of a variety of methods: pilates exercises on the mat, on the equipment; stretching and flexibility exercises; resistance training; bodywork including – but not limited to – NeuroMuscular Reprogramming and soft tissue manipulation techniques. Although the program is designed to increase overall wellness and fitness, no guarantee of improvement can be made. However, results generally will occur best and fastest with several regular sessions a week and a healthy lifestyle. A physician's clearance for exercising should be obtained prior to involvement in the program. Alternatively, client agrees that he/she has been informed of the need for a physician's approval for participation in a progressive exercise/bodywork program. Client agrees that he/she understands the strenuous nature of the program.

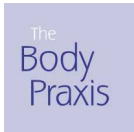
I, the client, understand and agree to all The Body Praxis policies listed above.

Client's Signature

Today's Date

Guardian's Signature  
(if client under 18 years old)

Today's Date



## **Informed Consent and Waiver of Liability**

### **Informed Consent**

I have enrolled in a program of instruction in Pilates. I have been advised and I understand that participation in Pilates, like any physical conditioning or exercise program, presents some unavoidable risk of injury, especially to people who have pre-existing injuries or medical disabilities. I understand that use of exercise equipment also carries with it a risk of injury. I recognize that many changes may occur as a result of exercising, including possible short-term aggravation of some symptoms, feelings of tiredness, soreness, light-headedness, increased energy, mood changes, etc. I also understand that a medical evaluation is advisable before commencing in any exercise program.

I have and will continue to keep The Body Praxis fully informed of any physical condition or disability that would prevent or limit my participation in any exercise program.

### **Waiver of Liability**

It is expressly agreed that all use of the facilities and equipment at The Body Praxis shall be undertaken by me, the client, at my own sole risk. It is also expressly agreed that The Body Praxis and its practitioners/trainers shall not be liable for any injuries or any damages to me or guest, or be subject to any claim, demand, injury or damages whatsoever, including - without limitation - those damages resulting from acts of active or passive negligence on the part of The Body Praxis or its agents. Client, for himself/herself and on behalf of his/her executors, administrators, heirs, and successors waives any possible liability of The Body Praxis, its owner, or its agents from all such claims, demands, injuries, damages, actions or courses of action.

I have read and understand the above.

I have volunteered to participate in a physical exercise program at The Body Praxis.

Client's Signature

Today's Date

Guardian's Signature  
(if client under 18 years old)

Today's Date

As a practitioner and trainer, I have evaluated the details of the client's health history and workout goals and will use my professional training and skills to assist in the transition towards the desired health and fitness goals.

Practitioner's/Trainer's Signature