

# HEALTH HISTORY QUESTIONNAIRE

All questions must be completed before completed any exercise, please complete all pages on form.



## Personal Information

1. Name \_\_\_\_\_ Today's Date \_\_\_\_\_

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2. Phone: Mobile \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

3. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Email \_\_\_\_\_

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5. Seasonal Client **YES NO**

If **No, Continue to question 6**

If Yes then provide your Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

7. Name of Person to contact in the case of an emergency \_\_\_\_\_

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

8. How did you hear about us? ( ) Another Client/Friend \_\_\_\_\_

( ) Commercial ( ) Internet ( ) Mailer ( ) Newspaper ( ) Radio ( ) Ram Realty ( ) Staff Member ( ) Walk In ( ) Yellow Pages ( ) Other

9. Do you have your Physician's clearance to exercise? **YES NO**

If **No, Please speak with your instructor before proceeding.**

10. Are you under the care of a physician at this time? **YES NO**

If No, Continue to question 11 If Yes then provide your Physician's Name

\_\_\_\_\_ Phone \_\_\_\_\_

11. Do you take any prescribed medications on a regular basis? **YES NO**

If **No, Continue to question 12** If **Yes then please list any/all medications and reasons for taking**

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

12. What do you hope to gain from coming to Studio V? (Please check all that apply)

Sports Training  Muscle Tone  Improve Self Esteem  Weight Loss  Functional/Core Training  General Fitness

Decrease Medication Dependency  Improve Posture  Pain Management  Improve Flexibility

13. Are you presently involved in a regular exercise program? **YES NO**

If **No, Continue to question 14** If **Yes then please list activity, duration and frequency and intensity**

\_\_\_\_\_

14. Have you ever worked with a personal trainer? **YES NO**

If **No, Continue to question 15**

If Yes, How often and how long ago \_\_\_\_\_

15. Do you have any Pilates, Yoga or Gyrotonic experience? **YES NO**

If **No, Continue to question Medical History Section** If

Yes, please describe \_\_\_\_\_

# Medical History

Check those questions to which you answer yes. Leave others blank. Check off the issues that currently have or have had in the past.

- |  |   |  |
|--|---|--|
| Heart Attack/Coronary Bypass/Cardiac Surgery<br><input type="checkbox"/> Recent Surgery<br><input type="checkbox"/> Peripheral Vascular Disease<br><input type="checkbox"/> Hernia<br><input type="checkbox"/> High Blood Pressure<br><input type="checkbox"/> Low Blood Pressure<br><input type="checkbox"/> Chest Discomfort<br><input type="checkbox"/> Extra/Skipped/Rapid Heart Beats or Palpitations<br><input type="checkbox"/> Heart Murmurs<br><input type="checkbox"/> Ankle Swelling<br><input type="checkbox"/> Ulcers<br><input type="checkbox"/> Swollen/Stiff/Painful Joints<br><input type="checkbox"/> Bursitis<br><input type="checkbox"/> Foot Problems<br><input type="checkbox"/> Arthritis | <input type="checkbox"/> Neck Problems<br><input type="checkbox"/> Stroke<br><input type="checkbox"/> Stomach or Intestinal Problems<br><input type="checkbox"/> Rheumatic Fever<br><input type="checkbox"/> Ankle Problems<br><input type="checkbox"/> Knee Problems<br><input type="checkbox"/> Hip Problems<br><input type="checkbox"/> Back Problems Upper/Middle/Lower<br><input type="checkbox"/> Shoulder Problems<br><input type="checkbox"/> Migraine or Recurrent Headaches<br><input type="checkbox"/> Lightheaded or Fainting<br><input type="checkbox"/> Unusual Shortness of Breath<br><input type="checkbox"/> Epilepsy/Seizures<br><input type="checkbox"/> Emotional Disorders<br><input type="checkbox"/> Limited Range of Motion in Joints | <input type="checkbox"/> Diabetes<br><input type="checkbox"/> Broken Bones<br><input type="checkbox"/> Phlebitis/Emboli<br><input type="checkbox"/> Cancer<br><input type="checkbox"/> Trouble Sleeping<br><input type="checkbox"/> Increased Anxiety or Depression<br><input type="checkbox"/> Anemia<br><input type="checkbox"/> Asthma<br><input type="checkbox"/> Emphysema<br><input type="checkbox"/> Osteoporosis/Osteopenia<br><input type="checkbox"/> Fibromyalgia<br><input type="checkbox"/> Rheumatoid Arthritis<br><input type="checkbox"/> Auto Immune Disease<br><input type="checkbox"/> Night-Time Leg Cramps<br><input type="checkbox"/> Other (please specify) |
|--|---|--|

IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Agreement of Release & Waiver of Liability

I, \_\_\_\_\_, hereby agree to the following:  
 (Please print name)

1. That I am participating in the Pilates Stretching and Fitness Classes, Programs or Workshops offered by Studio V, their owners, staff, apprentices, during which I will receive information and instruction about Pilates, Stretching and Fitness. I recognize that Pilates, Stretching and Fitness Classes, Programs or Workshops require physical exertion which may be strenuous and may cause physical injury and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Pilates, Stretching and Fitness Classes, Programs or Workshops. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the Pilates, Stretching and Fitness Classes, Programs or Workshops.
3. In consideration of being permitted to participate in the Pilates, Stretching and Fitness Classes, Programs or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown which might occur as a result of participation in the program.
4. In further consideration of being permitted to participate in the Pilates, Stretching and Fitness Classes, Programs or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Studio V, their owners, staff or apprentices, for injury or damages that I may sustain as a result of participation in the aforementioned programs.
5. I, my heirs or legal representatives, forever release, waive, discharge and covenant not to sue Studio V, their owners, staff, apprentices, for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and understand its contents. I voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SIGNATURE of PARTICIPANT  
 (OR Parent/Legal Guardian, if participant is under 18 years) \_\_\_\_\_ WITNESS (Initials)

# Policies & Procedures



## GENERAL \_\_\_\_ (initials)

All classes and sessions must be paid for in advance. Cash, checks and all major credit cards are accepted. Packages are tracked electronically and debited as sessions are used. All class and session packages (5 & 10 pack) expire 1 year from the date of purchase. No transfers. No refunds. Gift certificates are available upon request. Fees, class schedules and instructors are subject to change.

## CANCELLATIONS \_\_\_\_ (initials)

### Privates

Without 24 hour notice ALL cancellations, no shows and rescheduled sessions will be charged at full rate. The session will be automatically debited from the client's package in the computer. With at least 24 hours notice there will be no charge.

### Duets

When one person cancels WITH notice the remaining student EITHER takes the session and pays the remainder OR chooses to cancel altogether.

- When one cancels WITHOUT 24 hours notice, the missing student forfeits their session and the other student takes the lesson as scheduled with no additional charge to them.

### Group Class Packages

Without 24 hours notice ALL cancellations and no shows will be charged at full rate. The class will be automatically debited from the client's package in the computer.

### Monthly Unlimited

Without 4 hours notice ALL no shows will be charged a \$30.00 fee. The charge will be debited from the client's credit card on file at the end of the month.

## STUDIO ETIQUETTE \_\_\_\_ (initials)

### DRESS CODE:

1. Men should wear shorts that have a modesty liner, bicycle shorts or lightweight sweatpants.
2. Recommended to wear close fitting clothing nothing too baggy.
3. Please no perfumes or colognes this can be offensive to other students.
4. Please no lotions on hands or any exposed skin this presents a slip and fall potential in many exercises and leaves a residue that endangers the next student working on the apparatus.

## GENERAL ETIQUETTE:

1. All cell phones must be silenced upon entering the studio
2. Arrive at least 5 minutes prior to your class/session start time.

I, \_\_\_\_\_ have read, understood and agree to the above policies and procedures.

(Please print name)

Signed \_\_\_\_\_ Date \_\_\_\_\_