

PERSONAL HEALTH HISTORY

Name _____

CARDIOVASCULAR RISK

Please check any that apply and age of onset:

	You	Mother	Father	Grandparent
High Blood Pressure				
High Cholesterol				
Diabetes				
Heart Disease				
Bypass Surgery				
Stroke				

Do you presently smoke cigarettes? _____ If so, how many per day? _____

Have you ever quit smoking? _____ If so, how long ago did you quit? _____

Height _____ Weight _____ What was your weight at age 21? _____

PERSONAL HISTORY

Date of last physical examination _____

Has a physician ever restricted your physical activity? _____ If yes, please explain.



Do you have any allergies? If yes, please list _____

Do you ever experience chest pains or tightness? _____

Do you ever experience unusual shortness of breath during minor physical activity? _____

Are you presently taking any medications? _____ If so, please list types and purpose. _____

Do you ever experience dizziness during vigorous physical activity? _____

Have you ever passed out during vigorous physical activity? _____

Do you have any (other) medical conditions which may limit your ability to exercise? _____

If so, please explain _____

If you are female, are you currently pregnant? _____ If so, how far along? _____

INJURIES

Please check any of the following injuries you have had and which bone, joint, muscle, etc., and the year the injury occurred:

- Broken bones _____
- Muscle strain, sprain _____
- Ligament, tendon, or cartilage _____
- Joint injury or chronic pain _____
- Back injury or chronic _____
- Nerve entrapment (e.g. carpal tunnel syndrome) _____
- Other _____

Are you currently being treated for any of the above injuries? _____ If so, please specify the type of treatment _____

LIFESTYLE

If you are currently employed do you consider your job to be

sedentary or active?

Are you:

- Generally sedentary
- A weekend or vacation exerciser
- Physically active once or twice a week
- Physically active more often

Do you currently have a regular exercise program? _____ If yes, please describe

TRAINING INTEREST AND GOALS

Please check any activities in which you are interested in participating?

- Weight training
- Kick boxing
- Stretching
- Walking
- Swimming

How much time do you want to spend working out? _____

Do you have any exercise equipment at home? _____

Do you feel that there are any exercises that you may not want to participate in or would cause you pain or discomfort? _____



What goals do you have concerning your training or health? _____

In consideration for being allowed to participate in the exercise programs I have chosen, I, on behalf of myself, or anyone else, as evidenced by my signature below, or by my payment for the exercise programs I have selected, release The Pilates Corner and Robin or Dan Manzanares for injury, death, or loss suffered by me while present at the facility, or by using any equipment, or by participation in the classes, or in participating in my fitness activities, for any reason, including ordinary negligence. I have consulted with my personal physician, and I agree with my personal physician, that I have no physical, mental, or physiological conditions which would prohibit my participation in the activities offered by The Pilates Corner.

Participant Name (print): _____

Participant Signature: _____

Date: _____