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**NAME**

**PHONE** **(H)**       **(W)**       **(C)**

**ADDRESS**       **CITY**

**PROVINCE**       **POSTAL CODE**

**EMAIL**

[ ]  By checking this box, I am giving Vancouver Pilates Centre permission to use my email to contact me about scheduling, details regarding my account, VPC news and promotions. I understand that I can withdraw my consent at any time.

**BIRTHDAY**       **HEIGHT**       **WEIGHT**       **SEX:** [ ]  **M** [ ]  **F**

 (DD/MM/YYYY)

**OCCUPATION**

**Does your job require physical activity?** [ ]  **Y** [ ]  **N**

**If yes, please provide details:**

**EMERGENCY CONTACT:** **NAME**       **PHONE**

**REFERRED BY:** [ ]  VPC Client:       [ ]  Other:

 [ ]  Google [ ]  Yelp

**FITNESS HISTORY**

**CURRENT PHYSICAL ACTIVITIES:** Frequency, duration, professional or recreational standing

**PAST PHYSICAL ACTIVITIES:** If different from above

**PREVIOUS PILATES TRAINING:** When, where, duration, mat, apparatus?

**HEALTH HISTORY**

1. Do you now, or have you ever, had the following?

 **Y** **N** **BRIEFLY DESCRIBE**

1. Difficulty with exercise [ ]  [ ]
2. Advice from a physician ***not*** to exercise [ ]  [ ]
3. Injuries (past or present) [ ]  [ ]
4. Muscle, joint, or spinal disorder [ ]  [ ]
5. Recent surgery (*past 6 months*) [ ]  [ ]
6. Structural alignment issues [ ]  [ ]

2. Have you ever been diagnosed with the following?

 **Y** **N** **BRIEFLY DESCRIBE**

1. A chronic illness [ ]  [ ]
2. Diabetes [ ]  [ ]
3. Glaucoma [ ]  [ ]
4. Heart condition [ ]  [ ]
5. High or Low blood pressure (please specify) [ ]  [ ]
6. Lung Issues [ ]  [ ]
7. Osteoporosis or osteopenia [ ]  [ ]
8. Other medical conditions (please specify) [ ]  [ ]

3. **If you answered yes to any of the above questions please answer the following:**

1. **Which movements or activities do you currently find most challenging?**
2. **Which movements or activities currently cause discomfort or pain?**
3. **Which movements or activities do you avoid performing?**
4. **Which movements or activities would you like to be able to perform in the future?**
5. **Briefly list any other steps you are taking to recover healthy movement:**

4. Are you currently taking any medication that might affect an exercise program? [ ]  **Y** [ ]  **N**

If yes please specify:

5. Are you currently pregnant? [ ]  **Y** [ ]  **N**

If yes, estimated due date:

If recently post-natal, indicate delivery date:

I hereby verify that the above information is correct to the best of my knowledge.

SIGNATURE       DATE