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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