



Health History Form

Welcome to New Strength Pilates Studio where our goal is to help you build a strong, flexible and stable body for LIFE! In order to better serve your health and fitness needs, please complete this form.

Contact Information

Name _____

Address _____ Zip _____

Cell Phone _____ Alternate Phone _____

Email _____

Best way to reach you (email/text/phone) _____

Emergency Contact

Name _____

Relationship _____ Phone _____

Health History

Physician _____ Phone _____

Medications:

Type _____ What for _____

Current physical activity and/or sports:

Type _____ How Often _____

Health History continued

Do you now have or have had in the past:	YES	NO
History of heart problems, chest pain or stroke		
Increased blood pressure/low blood pressure		
Diabetes or thyroid condition		
Any chronic illness or condition		
Difficulty with physical exercise		
Advice from physician not to exercise		
Any physical restrictions given by a PT or physician		
Recent surgery (last 12 months)		
Pregnancy (now or last 3 months)		
Past C-section births		
Any previous injury still affecting you		
Hernia or any condition aggravated with weight resistance		
Muscle, back or joint disorder		

Please elaborate on any 'yes' answers _____

List any injuries, ailments, illnesses and/or any significant medical treatments. Please check all body parts that are involved and, where appropriate, specify Right (R) or Left (L).

Neck _____ Shoulder _____ Upper Back _____ Middle Back _____

Lower Back _____ Ribs _____ Hip/Pelvis _____ Abdomen _____

Ankle/Foot _____ Knee _____ Wrist _____ Elbow _____

Please elaborate on any of the above: _____

Please list any physical limitations that may restrict your participation:

Signature _____ Date _____