

Health + Wellness History Questionnaire

Client Information

First Session Date: _____

Name: _____

Address: _____ City: _____ Zip: _____

Email Address: _____ Birthday: _____

- Please indicate here if you do not wish to be included on my email list. (I do not share this information with any other organization.)

Best phone number to reach you: _____

What's the best way for us to reach you? Phone ▶▶ Email ▶▶ Text ▶▶

Emergency Contact: _____

Expectations + Motivations + Desires

1. What are you hoping to achieve through Our work together; your primary concern?

2. What expectations do you have of me and of yourself through this process?

3. When was the last time you surprised yourself?

4. When you think about things you want, what do you call those? Hopes, desires, goals, achievements, dreams?

Health + Wellness History

Do you have any physical or emotional limitations or injuries that I should be aware of? **Yes/No**

If so, please explain:

Please circle:

- | | | |
|------------|-----------|--|
| Yes | No | Have, or have had cardiovascular disease (i.e. heart problems) |
| Yes | No | Have pain or pressure in the left or mid-chest areas, neck, left shoulder or arm. |
| Yes | No | Often feel faint or have spells of dizziness |
| Yes | No | Experience extreme breathlessness after mild or medium exercise |
| Yes | No | Have high blood pressure |
| Yes | No | Smoke more than a pack of cigarettes a day |
| Yes | No | Am over 60 years of age and am not accustomed to vigorous exercise |
| Yes | No | Have bone/joint problems/osteoporosis that would be aggravated by exercise |
| Yes | No | Have two or more of the following: family history of premature heart disease, obesity, type A behavior, stressful occupation, diabetes, alcoholism or addiction? |
| Yes | No | Have a medical condition not mentioned here that might need special attention |
| Yes | No | Taking medication that might cause adverse effects? |

Health + Wellness Support:

I am FULLY invested in helping you create and sustain the healthiest body/mind possible. To do that it's helpful if we know what other kinds of medical, creative, and health + wellness work you have done and are currently doing. Please share if you are working with any of the following (or similar): osteopath, physical therapist, chiropractor, acupuncturist, bodyworker i.e. Feldenkrais, Rolfing, massage etc.

Health + Wellness Provider/Practitioner's Name: _____

How long have you been working with them? _____

May we connect with them in support of you? If so, please provide their:

Address and Phone # _____

Lifestyle + Movement

1. Current vocation
2. What demands do your daily activities require of your body?

Daily Activity

Frequency

Level of Effort*

**We'll walk you through this when we review your intake.*

3. What are your current self care practices?
4. What kind of movement/exercise/play have you engaged in in the past?

Studio Release

I, _____, as consideration for my participation in the fitness activities of (name of your studio), legally bind myself and my heirs, executors and administrators, and hereby waive fully and finally any causes of action or claims against (name of your studio), and forever release (name of your studio) along with its owners, directors, officers, employees, members, shareholders, representatives, agents and assignees from any and all liability, responsibility, claims, causes of action, injuries, judgments or other damage of any nature whatsoever, including, but not limited to any personal injury incurred by the undersigned patron, user/subscriber/member of (name of your studio), directly or indirectly resulting from participation in the services and/or activities undertaken at (name of your studio), as well as any personal injury sustained by the undersigned patron's presence on the real property premises of (name of your studio) whether or not participating in or utilizing the services and/or activities of (name of your studio).

Refund and Cancellation Policy – Please read and initial the following details.

- There are no cash refunds for services, without exception. ____
- Paid services may be transferred to immediate family members only. ____
- All class passes expire in 120 days from first use. ____
- No holds or extensions are given on packages. ____
- Pilates Collective has a 24 hour cancellation policy. If I am unable to come to a scheduled appointment (Springboard and Trio Classes included) for any reason, I must contact the studio at least 24 hours in advance or the full session fee will be charged. ____

Client/Student

Date

Centa Therese

Date
