



Client Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred Contact Number: \_\_\_\_\_ Mobile Home Work (circle one)

Emergency Contact (required)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ ; \_\_\_\_\_

Second Emergency Contact (optional)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ ; \_\_\_\_\_

Health or Injury History

Please list any current health issues:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* If you need more space, please use back of form.

Please indicate if you have any of the following health conditions:

- Diabetes
- High Blood Pressure
- Heart Condition (please specify: \_\_\_\_\_)
- Lung Condition (please specify: \_\_\_\_\_)
- Autoimmune Disease (please specify: \_\_\_\_\_)
- Seizures (please describe: \_\_\_\_\_)
- Known Blood Clots (please specify \_\_\_\_\_)
- Osteopenia / Osteoporosis (please circle) T Score: \_\_\_\_\_
- Other: \_\_\_\_\_

I have answered the proceeding questions to the best of my ability. I have understood all the questions asked of me and have been given the opportunity to have any of my concerns clarified to my satisfaction. I further understand that thorough and honest responses to these questions are essential to my safety and for recommendations from my instructor and Pure Pilates.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_