

Chesapeake Pilates Center

Client Information

Name _____ Date _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone(cell) _____ (other) _____

Occupation (past/present) _____ How did you find us? _____

Pilates Goals _____

Current exercise/activities: _____

Past sports (including childhood), exercise and activities: _____

Have you ever been Treated by a Physician for:

- Arthritis
- Chronic Fatigue Syndrome
- Diabetes
- Fibromyalgia
- Heart Disease
- High Blood Pressure
- Gastric Reflux
- Glaucoma
- Multiple Sclerosis
- Osteoporosis
- Peripheral Neuropathy (numbness, tingling)
- Rheumatoid Arthritis
- Orthopedic /Joint problems
 - Knee Injuries/Issues/Surgery
 - Hip Injuries /Issues/Surgery
 - Facet Joint Syndrome
 - Herniated or Bulging Disc
 - *Which discs/part of spine? _____
 - Spondylolisthesis
 - *Which discs/part of spine? _____
 - Stenosis
 - *Which discs/part of spine? _____

Prior Injuries, Musculoskeletal and Neuromuscular Issues:

- Adhesive Capsulitis (frozen shoulder)
- Carpal Tunnel Syndrome
- Plantar Fasciitis
- Rotator Cuff Impingement
- Thoracic Outlet Syndrome
- Tendonitis
 - If yes, where? _____
- Whiplash
- Fractures/sprains

Medications:

Are you pregnant? no yes _____ #weeks

of C-section(s)

of vaginal birth(s)

complications? _____

Currently under **Physician/Therapists** care? Name?

Physical Therapist _____

Chiropractor

Specialist/other _____

Any other accidents, injuries or issues that could impact your range of motion or need to modify? _____
