

ShapeShift Pilates Intake & Physical Assessment Questionnaire

Welcome! How were you referred to us? _____ Date: _____

Your information will not be shared or used for any purpose other than scheduling and to contact you regarding studio business.

Name _____

Primary Phone _____

Secondary Phone _____

E-mail Address _____

Address: _____

City _____ State _____ Zip _____

Emergency Contact _____ Emergency Phone _____

Birthdate ____/____/____ Height _____ Weight _____

Occupation _____

Would you like to receive alerts via text? YES NO

Would you like to receive alerts via email? YES NO

MEDICAL HISTORY:

- Has your doctor ever said you have a heart condition and suggested that you only perform physical activity recommended by a doctor? YES NO
- Do you feel pain in your chest when you perform physical activity? YES NO
- In the past month, have you had chest pain when you were not performing physical activity? YES NO
- Do you lose your balance because of dizziness or do you ever lose consciousness? YES NO
- Do you have a bone or joint problem that could be made worse by a change in your physical activity? YES NO
- Is your doctor currently prescribing any medication for your blood pressure or for a heart condition? YES NO
- Do you know of any other reason why you should not engage in physical activity? YES NO

If you answered yes to one or more of these questions, we must ask that you consult your physician and obtain a medical release before you engage in physical activity in our studio. Tell your physician which conditions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition. Your medical release will be required for your file at our studio and will be kept confidential.

Health History:

Have you ever had any musculoskeletal pain, injury or surgery? YES NO
(Discs, Arthritis, Tendonitis, Joint Replacement etc. Include: sports, auto, and work Injuries). *If yes, please explain:* _____

Has a doctor ever diagnosed you with a chronic disease? YES NO
(Coronary heart disease, Emphysema, Cystic Fibrosis, Osteoporosis I Osteopenia, Fibromyalgia, Chronic Fatigue, Hypertension, Diabetes, MS, Thyroid Disease, or High Cholesterol) *If yes, please explain:* _____

Do you have Asthma? YES NO

Do you carry an inhaler with you? YES NO

Are you taking any medication? Including HRT, Fertility etc. YES NO

If yes, please explain: _____

Pre/Post Natal? YES NO C-Section(s)? YES NO

(Doctor's release is needed if you're currently pregnant)

Scoliosis – Type of curvature: _____

Cancer Type: _____ Active or Remission: _____

If in Remission, how long: _____

Is there any other condition that we may need to be aware of to safely engage you in an exercise program?

What are your fitness goals? Check all that apply.

Weight Loss	<input type="checkbox"/>	Improve Posture	<input type="checkbox"/>	Energy Gain	<input type="checkbox"/>
Increase Flexibility	<input type="checkbox"/>	Abdominal/Lower Back Strength	<input type="checkbox"/>	Injury Recovery	<input type="checkbox"/>
Improve Technique	<input type="checkbox"/>	Stress Reduction	<input type="checkbox"/>	Gain Strength	<input type="checkbox"/>

Other: _____

Do you currently work out on a regular basis? YES NO

If yes, please describe your current workout program and the frequency:

Has any exercise program had any positive or negative effects on your body? YES NO

Do you partake in any recreational activities? (If yes, please list}

Please initial next to each section:

_____ I am aware that ShapeShift Pilates is here to serve me by sharing knowledge of Pilates and health.

_____ I understand that the practice of Pilates involves physical movement and exercise which may from time to time be strenuous, and that such practice carries some risk of injury.

_____ I understand that I must judge my own capabilities with respect to practicing Pilates at ShapeShift Pilates and have the right and obligation to terminate any exercise if I feel it is inappropriate for my abilities and me.

_____ By my participating in classes or activities at ShapeShift Pilates, I agree to take full responsibility for not exceeding my limits in the practice of Pilates, for selecting the appropriate level of classes taught at ShapeShift Pilates, and for any injury I might suffer in the practice of Pilates.

_____ I acknowledge that it is my responsibility to inform the instructor immediately if an injury occurs during class.

_____ I understand that, from time to time during classes at ShapeShift Pilates, instructors may physically adjust students' form. **If I do not want such physical adjustments, I will so inform that instructor at each class I attend.**

_____ I hereby waive and release any claim that I might have at any time for injury of any sort against ShapeShift Pilates or any person or entity in any way involved therewith, including without limitations its principals, instructors, employees, agents and representatives.

Studio Policies

- All sessions/series must be paid for in advance. First session to be secured via credit card or check in advance.
- Cancellations must be made 24 hours prior to appointment or the session will be charged.
- All sessions are approx. 55 minutes long and begin at the appointment time, not at the time of arrival.
- No cell phones, pagers, children or pets in studio.
- Insurance billing is not available – receipts only.
- **Please arrive perfume and fragrance free.**
- Studio reserves the right to assign substitute teacher.
- No open studio policy--no use of any machines or props while unattended by an instructor.
- Please notify us of any changes in your health or new medical conditions.

- Appropriate attire must be worn.
- **Clean socks are mandatory to use equipment** (socks available for purchase in studio).
- At least 1 Private Session is required prior to taking equipment classes- this is at the discretion of the Instructor(s) for your safety.
- Instructor may advise you to a class level that is appropriate for you for your safety.
- Instructor may move you to a class that is a more appropriate level at the trainer's discretion.
- Group format not permitted for participants with injuries or requiring specific rehabilitation, rather privates are recommended until injury has resolved or proficiency is achieved at the discretion of the trainer.
- **Please do not attend class if you are ill or contagious for the welfare of others.**

I have carefully read, fully understand and agree to the above.

Date: _____ Print Name: _____

Signature: _____

If under 18 years of age:

As the legal guardian of _____, I consent to the above conditions.

Date: _____ Guardian Name: _____

Guardian Signature: _____