MidCoast Pilates Studio

discover your core

56 Maine St. Brunswick, ME 04011 | 207-319-4499 | www.midcoastpilates.com
Maurine Joy · Certified Pilates Instructor

"Pilates develops the body uniformly, corrects wrong posture, restores physical vitality, invigorates the mind & elevates the spirit." - Joseph Pilates

Date:_____ Occupation/Retired:_____

Name:_____ Nick Name: _____

Home Phone:_____ Cell Phone: _____

Age: _____Birth Date: _____ Gender: _____

Email: _____

Mailing Address: _____

_____

Emergency Contact:_____ Phone Number:_____

Referred by: _____

Is your job physically/mentally demanding? Yes No

Previous Pilates experience? Yes No

If yes, when and where? _____

Fitness Goals: _____

_____

_____

Reason for starting Pilates:_____

_____

_____

Do you exercise regularly? Yes No

Other forms of exercise and leisure activity:_____

_____

_____

General Health: Excellent Good Average Poor

Do you smoke? Yes No

If yes, how much? _____

Date of your last doctor's appointment: _____

Name & phone number of primary care physician: _____

_____

Please complete and sign the reverse side.

Has your doctor indicated any limitations or exclusions of certain activities? Yes No

If yes, please describe: _____

Have you had any broken bones or undergone surgery in the last five years? Yes No

If yes, please explain: _____

Medications: _____

Do you have or have you previously been diagnosed with the following:

Anemia	Yes	No	Hip Problems/ Replacements	Yes	No
Arthritis	Yes	No	Hypoglycemia	Yes	No
Asthma	Yes	No	Knee Problems/ Replacements	Yes	No
Back Pain	Yes	No	Multiple Sclerosis	Yes	No
Cancer	Yes	No	Migraines	Yes	No
Carpal Tunnel Syndrome	Yes	No	Numbness	Yes	No
Circulatory Problem/ Disease	Yes	No	Osteopoenia	Yes	No
Depression	Yes	No	Osteoporosis	Yes	No
Diabetes	Yes	No	Pelvic Floor Pain/ Weakness	Yes	No
Dizziness/ Fainting	Yes	No	Pregnancy Delivery/ Due date:	Yes	No
Fibromyalgia	Yes	No	Rheumatoid Arthritis	Yes	No
Heart Disease	Yes	No	Seizure Disorder	Yes	No
Herniated Disc	Yes	No	Shoulder Impingement	Yes	No
High Blood Pressure	Yes	No	Stenosis	Yes	No

Other health problems? _____

Are you currently being treated for these problems? Please explain: _____

_____

Date of last bone density scan: _____ It was: Normal Low

I certify that the information provided has been written to the best of my knowledge.

Date: _____ Signature: _____

I hereby release my instructor from any liability resulting from harm incurred during instruction whether in person, via Zoom or any other video conferencing tool. I understand that I must provide notice of cancellations at least 24 hours before scheduled appointments and that I will be charged the full session fee for any late cancellations. This applies to all appointments, including last minute "fill-ins." Exceptions to this policy are not allowed. The instructor cannot be asked to judge individual reasons for missed appointments. All reasons for late cancellations are considered equivalent.

Date: _____ Signature: _____

If under 18 years of age, Parent's Signature: _____