BETTER BODIES PILATES, INC
Health Questionnaire

Client Name (print)_____ Date_____ Birth Date ___/___/___

Cell Phone _____ Address _____

Email _____

How did you hear about the studio?

Who referred you to Better Bodies Pilates?

What are your goals?

What do you want most from this program?

Do you have any current injuries, aches, pains? Please describe them:

SPINE & JOINT HEALTH:
Have you ever had injuries, surgeries or conditions affecting your spine? YES/NO
If yes, what part of the spine (cervical, lumbar, etc.)?

If yes, which vertebrae/s are/were involved?

Do you have any conditions such as osteoporosis or stenosis affecting your spine?

Have you had any joints replaced, partial replacements, resurfacing or bone spurs removed?
If yes, which joint/s?   When was treatment?   Did you follow up with physical therapy?

Are you acquainted with movements that you should or should not do?

CANCER:

Have you ever been diagnosed or treated for cancer?

Type of cancer?

Surgery or treatment?

When?

Have you had any surgeries in which lymph nodes were removed?

Have you had any signs of or been diagnosed with Lymphedema?

Better Bodies Pilates highly suggests the use of a compression sleeve or stocking if Lymphedema is an issue.

ACCIDENTS & INJURIES:

Please include/list any serious and not so serious accidents/injuries that you have experienced in your lifetime (i.e. fell and broke tailbone as a child…fell off of a horse, etc.) This helps us to assess irregular movement patterns that my affect your total body balance.

SURGERIES & PROCEDURES:

Please list additional surgeries or procedures. Be sure to include c-sections, elective surgeries such as tummy tucks and breast augmentation etc.

Are you now or were you ever active in sports, dance or exercise programs or physical activity? Please describe (tennis, golf, walking, etc.)

What is your occupation? What does your typical day involve physically? e.g. sitting at computer, lifting…

Are there any other health concerns? e.g. asthma, diabetes, high blood pressure, medications…

Are you presently doing other kinds of therapy? e.g. massage, physical therapy, chiropractic…