

Client Profile

Name _____ Date _____
Address _____ Phone _____
City _____ Zip _____ Age _____
Email Address _____ Sex _____
Occupation _____
How did you hear about Progressive Pilates? _____

Accident and Injury History-Please tell us about all accidents and injuries including any permanent problems:

Chronic Illness:

Have you ever had:

High Blood Pressure ____ Heart Problems ____ Joint Problems ____ Diabetes ____ Whiplash ____
Surgery ____ Liver Disease ____ Sprains ____ Fractures ____ Asthma ____ Cancer (type _____)

Please Explain:

What type of movement have you experienced?

Dance ____ Yoga ____ Martial Arts ____ Running ____ Swimming ____ Aerobics ____
Nautilus/Weight Training ____ None ____ Other _____
Sports (please specify) _____

Are you pregnant? ____ yes ____ no Have you recently given birth? _____

Medications you are now taking _____

Do you have any allergies? _____

Is there anything else that could affect our work together? Please describe _____

Are you currently receiving care through:

____ Physical Therapy (Therapist's name) _____ Phone _____

____ Chiropractic (Dr.'s Name) _____ Phone _____

____ Massage or other bodywork (Name) _____ Phone _____

____ Physician (Name) _____ Phone _____

In the event of an emergency contact: _____ Phone _____