

PERSONAL HEALTH HISTORY

NAME: _____ DATE: _____

LOCAL PHONE: _____ MOBILE NUMBER: _____

LOCAL ADDRESS: _____ CITY & STATE: _____ ZIP: _____

ALTERNATE ADDRESS: _____ CITY, STATE, ZIP: _____

E-MAIL: _____ OCCUPATION: _____

AGE: _____ BIRTHDATE: _____ HEIGHT: _____ WEIGHT: _____

FAMILY PHYSICIAN: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

DAILY ACTIVITY LEVEL: _____ PHYSICAL _____ SEDENTARY

HOW DID YOU HEAR ABOUT US? _____

HAVE YOU EVER HAD ANY OF THE FOLLOWING? IF YES, PLEASE EXPLAIN:

- ALLERGIES: _____
- ASTHMA: _____
- BREATHING DIFFICULTIES: _____
- DIABETES: _____
- EPILEPSY: _____
- HEART CONDITION: _____
- HIGH/LOW BLOOD PRESSURE: _____
- HYPOGLYCEMIA: _____
- KIDNEY DISEASE: _____
- NERVOUS/EMOTIONAL: _____
- SHORTNESS OF BREATH: _____
- STROKE OR TIA: _____
- VARICOSE VEINS: _____
- ARTHRITIS: _____
- BACK PAIN/INJURIES: _____
- CANCER: _____
- DIZZINESS/FAINTING SPELLS: _____
- GAIT DISTURBANCES/WALKING PROBLEMS: _____
- HEART ATTACK/CHEST PAIN: _____
- HEART MURMUR/MITRAL VALVE PROLAPSE: _____
- HIGH CHOLESTEROL/HDL RATIO: _____
- FRACTURES/BROKEN BONES: _____
- LUNG DISEASE: _____
- RHEUMATIC HEART DISEASE: _____
- STOMACH ULCERS: _____
- THYROID PROBLEMS: _____
- OTHER: _____

ARE YOU CURRENTLY UNDERGOING MEDICAL TREATMENT? _____

IF YES, PLEASE DESCRIBE: _____

MEDICATIONS: _____

HAVE YOU EVER BEEN HOSPITALIZED: _____

IF YES, PLEASE DESCRIBE: _____

DO YOU HAVE ANY SYMPTOMS OR PROBLEMS FROM PREVIOUS ACCIDENTS OR INJURIES?

PLEASE DESCRIBE: _____

ARE YOU A SMOKER? _____ QUANTITY: _____

ARE YOU A FORMER SMOKER: _____ WHEN DID YOU QUIT: _____

DO YOU PARTICIPATE IN ANY SPORTS EXERCISE PROGRAM ON A REGULAR BASIS? _____

WHAT TYPES OF EXERCISE ARE YOU ACTIVELY PARTICIPATING IN?

FREQUENCY: HOW OFTEN DO YOU EXERCISE?

INTENSITY: AT WHAT INTENSITY LEVEL?

DURATION: HOW MANY MINUTES?

PRIMARY AREAS OF INTEREST:

- LOSE WEIGHT
- DECREASE BODY FAT
- IMPROVE FLEXIBILITY
- FIRM AND TONE
- REDUCE STRESS
- IMPROVE APPEARANCE
- INCREASE STRENGTH
- REDUCE RISK OF AGE RELATED DISEASES

SPECIFIC SHORT-TERM AND LONG-TERM GOALS:

CLIENT SIGNATURE

DATE

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