

Client Profile and Medical History Form

Name _____ Date _____

Preferred Phone _____ E-mail _____

Address _____

Occupation _____ Date of Birth _____

How did you hear about Greenlake Pilates? Who referred you? _____

Do you have any injuries, aches, pains, or health conditions? Are they current or past? _____

Please circle any that may apply:

- | | | | |
|---------------------|-----------------|-----------------|---------------------|
| High Blood Pressure | Heart Problems | Muscle Cramps | Shortness of Breath |
| Diabetes | Joint Problems | Pregnancy | Vertigo |
| Fractures | Chronic Illness | Chronic Fatigue | Menopause |
| Seizures | Asthma | Osteoporosis | Scoliosis |

Cancer - Describe _____

Back Pain - Describe _____

Past Surgeries - Describe, including dates _____

Current or Past Smoker _____ Packs Per Day _____

Current Medications _____

Do you have any other health concerns you'd like to share? _____

Are you presently doing other kinds of therapy? E.g. massage, physical therapy, chiropractic _____

Are you or have you been active in any sports, exercise programs, physical activity? Please describe type and frequency. _____

What does your typical day involve physically? E.g. sitting at computer, lifting, standing for long periods, caring for children . . . _____

Do you have any past training in the Pilates method of movement? If yes, where and what is your experience? _____

What are your goals? What do you want most from your Pilates experience? _____

Is there anything else you'd like your Pilates instructor to know? _____

Acknowledgement of Risk and Waiver of Liability

I understand that I, _____, will be participating in a fitness program through Greenlake Pilates that will require physical exertion. Before beginning this program, I was asked by my instructor whether I have any physical limitations, or whether I am taking any medications or receiving any medical treatment that might make it unsafe for me to participate in this fitness program. There is no such limitation, medication, or medical treatment other than those I have written on the attached sheet.

I understand that, by signing this statement, I am agreeing to not hold Greenlake Pilates or any of its employees, owners, agents, or insurers responsible for any bodily injury or property damage that may suffer as a result of my participation in a fitness program through Greenlake Pilates whether at Greenlake Pilates, at home, or elsewhere. As such, I understand and agree that Greenlake Pilates, its employees, owners, agents, or insurers shall not be liable for any bodily injury or property damage that may result either directly or indirectly from my participation in a fitness program through Greenlake Pilates.

Participant's Signature

Date

Cancellation and Payment Agreement

Life gets in the way sometimes. With that in mind, Greenlake Pilates chooses not to charge the standard, full session price for a late cancellation or no-show. If an appointment is cancelled with less than 24 hours notice, or if you do not attend a scheduled appointment, a reduced \$25 fee will be charged and deducted from your prepaid package. If you have not prepaid, please make payment at your next scheduled appointment. If you do not have another appointment scheduled, please send payment to Leslie Kooy/Greenlake Pilates, 7466 Corliss Ave N, Seattle, WA 98103.

Participant's Signature

Date