

**Front Desk Use**

Payment made by:  
\_\_ Cash \_\_ Check \_\_ Credit Card

**Payment in full is required with  
form submission.**

**Pilates Reformer  
Health Status Questionnaire**

Name \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(Please print)

Gender ( ) Male ( ) Female Age: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership status: Member \_\_\_\_ Non Member \_\_\_\_

Contact person in case of emergency \_\_\_\_\_

Phone number \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you seen a physician within the past year **YES NO**

If **no**, how long has it been?  
\_\_\_\_\_

Has a doctor ever advised you not to exercise? **YES NO**

If **yes**, what are your limitations  
\_\_\_\_\_  
\_\_\_\_\_

Have you had any back injuries? **YES NO**

If **yes**, please

explain \_\_\_\_\_

Do you have any conditions that effect exercise that require medical care? **YES NO**

If **yes**,

explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been diagnosed with high blood pressure? (over 140/90) **YES NO**

Was it treated? If so

how \_\_\_\_\_  
\_\_\_\_\_

Have you ever experienced dizziness, chest pain or shortness of breath? **YES NO**

If **yes**, did this occur while exercising and how was it treated?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any conditions, not previously listed, that would limit your full  
participation in an exercise program?

**YES NO**

If **yes**, please

explain \_\_\_\_\_  
\_\_\_\_\_

