

NAME _____

DATE _____

DOB _____

Please answer these questions to the best of your ability

What is your occupation and/or daily routine?

What does your typical day involve physically? e.g. sitting at a computer, lifting, etc.

Do you have any spinal injuries? (Disc or vertebrae injuries; osteoporosis or osteopenia)

Do you have any other injuries, aches or pains?

Have you ever been involved in an accident (auto, sports, fall or slip)?

Are you on any medications? If yes, please list which ones

Are there any medical or health concerns? (asthma, diabetes, heart disease, high blood pressure, etc.)

Are you presently doing other kinds of therapy? (massage, chiropractic, acupuncture, etc)

Are you or were you active in any sports, exercise programs, physical activity? Please describe

Have you had any past training in the Pilates method of movement? If yes; when and where?

What are your goals? What do you want most from this program?

How did you discover New Haven Pilates?