



**Pilates Health History Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of birth \_\_\_\_\_ Approximate date of last physical exam: \_\_\_\_\_

Physician's name: \_\_\_\_\_

Are you taking any prescriptions that affect exercise? Please list below:

\_\_\_\_\_

*Have you been affected by any of the following conditions in the past or present:*

	yes	no
Heart Problems, chest pain or stroke		
High or low blood pressure		
Chronic illness or chronic pain		
Difficulty breathing		
Difficulty with physical activity		
Advice from a physician to not exercise		
Recent surgery (last 12 months)		
Pregnancy/ recent childbirth/c- section		
Muscle, joint or back disorder		
Any previous injury that still affects you		
Diabetes		
Thyroid condition		
Cigarette smoking habit		
Unhealthy cholesterol		
Hernia		
Arthritis		
Osteoporosis or osteopenia		

**Please explain any yes answers below:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I, \_\_\_\_\_ have enrolled in an exercise program offered and facilitated by Vitality Inc. and their employees at my place of employment and hereby confirm that I am in good physical condition and that the information provided in my health history information intake form is accurate and true. In consideration of my participation in a program at Vitality Inc., I hereby release Vitality Inc. from any claims, demands, and causes of action arising from my willing participation in an exercise program. I fully understand that I may injure myself as a result of my participation and hereby release Vitality from any liability now or in the future from illness, soreness, or injury, however caused, occurring during or after my participation in the exercise program.

Signature: \_\_\_\_\_ date: \_\_\_\_\_

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Printed name: \_\_\_\_\_

Workplace \_\_\_\_\_ date of participation \_\_\_\_\_

Yes, \_\_\_\_\_ I would like to receive information, coupons and promotions from Vitality.

No thanks! \_\_\_\_\_

Vitality uses your e-mail address exclusively for those purposes and will not sell or redistribute your address.

E-mail address: \_\_\_\_\_ optional