

Phone 352 377-3305



352 377-3306 Fax

HEALTH HISTORY QUESTIONNAIRE

PLEASE PRINT

Today's Date: ____/____/____ Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone (home): _____ (Cell) _____ (Work) _____

Occupation: _____ Place of work: _____

Email: _____

Date of Birth: ____/____/____ Height: _____ Weight: _____ Age: _____ Sex: M F

Person to contact in case of emergency:

Name: _____ Phone: _____

PLEASE CIRCLE ANY OF THE FOLLOWING THAT APPLY:

High Blood Pressure

Heart Problems

Post-Partum

Neurological

Diabetes

Joint Problems

Seizures

Respiratory

Liver Disease

Fractures

Cancer

Hernia

Pregnant

Smoker

Asthma

Scoliosis

Shortness of Breath

Recent Surgery

Chronic Illness

Balance

Back Problems

Arthritis

Allergies

*If you circled any of the above, please explain: _____

CURRENT MEDICATIONS

How did you hear about us? _____

What are your fitness goals? _____

Are there any other things you would like to tell us about your health?

Have you had a bone density test? _____ If so, when, and what was the result? _____

Current physical activity level and exercises: _____

Are you under the care of a physician, chiropractor, or massage therapist for a musculoskeletal problem?

If yes, reasons and results _____

List any major surgeries or illnesses: _____



WAIVER FORM

This form is an important legal document. It explains the risks you are assuming by beginning an exercise program. It is critical that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided at the bottom.

WAIVER AND COVENANT NOT TO SUE

I, _____, have volunteered to participate in a program of physical exercise under the direction of EnCore Pilates, which will include, but may not be limited to, weight and/or resistance training. In consideration of EnCore Pilates' agreement to instruct, assist, and train me, I do here and forever release and discharge and hereby hold harmless, EnCore Pilates, and their respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program (and including their negligent and/or omissions) any injuries resulting there from.

ASSUMPTION OF RISK

I, _____, recognize that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure, fainting, disorders in heartbeat, heart attack, and in rare instance, death.

I understand that physical contact is an integral part of this exercise program and is done in a therapeutic manner.

I understand that as a result of my participation in an exercise program, I could suffer an injury or physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life.

I recognize that all participants, prior to involvement in any exercise program, should obtain an examination and clearance to participate by a physician.

If I, _____, have chosen not to obtain a physician's permission prior to beginning this exercise program with EnCore Pilates, I hereby agree that I am doing so at my own risk. In any event, I acknowledge and agree that I assume the risks associated with any and all activities and/or exercise in which I participate.

I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this program. I understand that results are individual and may vary.

Participant's signature _____ Date _____

Please print name: _____

CANCELLATION POLICY (private session clients only)

Please Read and Initial _____

If you are unable to contact us more than 24 hours in advance of your private appointment, you will be billed **one half the amount** of the FIRST missed appointment time. Then, for any subsequent cancellations, with less than 24 hours notice, you will be billed the **full price** of that appointment. After THREE missed appointments, you will no longer be able to schedule more than one appointment at a time.