MoveStudio Client Health Profile

Name: _____ Date of birth: _____

Circle all that apply: Pilates / Yoga / Nia / Dance / Other:_____

Previous experience: _____

What are your goals for beginning classes/training?_____

_____

Do you exercise or participate in sports regularly? *yes / no* If yes, what and how often? _____

_____

_____

List all medications you are currently taking: _____

_____

Do you smoke? *yes / no / trying to quit* How is your overall health? *excellent / good / fair / poor*

Any of these health conditions could affect your training. Check ALL that apply to you, and provide any necessary details. Please also discuss any pertinent health issues with your instructors/trainers.

____Fibromyalgia
____Arthritis
____Osteoporosis or osteopenia
____Scoliosis
____High blood pressure
____Glaucoma
____Dizziness or fainting
____Pregnancy (due date:_____)
____Thyroid problem
____Diabetes
____Overweight
____Eating disorder
____Severe headaches
____Hypoglycemia
____Previous surgery (type? _____)
(when?_____ current status? _____)
____Chronic pain (describe:_____)
____Muscle stiffness, limited range of movement (describe: _____)
____Back or neck problems (describe:_____)
____Sports injury (describe:_____)
____Under chiropractic care (describe: _____)
____Circulation problems (describe: _____)
____Respiratory problems (describe:_____)
____Heart condition (describe:_____)
____Cancer (describe: _____)
____Epilepsy or seizures (medication taken: _____)
____Immune system disorder (describe: _____)
____Infection (describe: _____)
____Other (describe: _____)

I hereby certify that the information given above is truthful and accurate to the best of my knowledge:

Signature:_____ Date: _____