



6210 SE Milwaukie Ave Portland, Oregon
503.816.5125

Client Profile and Medical History Form

Instructor(s):

Name _____ Date _____

Preferred Phone _____ E-mail _____

Address _____

Occupation _____ Date of Birth _____

How did you hear about Springwater Pilates and Movement Studio?

Who referred you? _____

Do you have any injuries, aches, pains, or health conditions? Are they current or past?

Please check any that may apply:

- | | | | |
|---------------------|----------------|-----------------|--------------|
| High Blood Pressure | Diabetes | Fractures | Seizures |
| Heart Problems | Joint Problems | Chronic Illness | Asthma |
| Muscle Cramps | Pregnancy | Chronic Fatigue | Osteoporosis |
| Shortness of Breath | Vertigo | Menopause | Scoliosis |

Cancer - Describe

Back Pain – Describe

Past Surgeries – Describe, including dates

Current or Past Smoker _____ Packs Per Day _____

Current Medications _____

Do you have any other health concerns you'd like to share?

Are you presently doing other kinds of therapy? E.g. massage, physical therapy, chiropractic

Are you or have you been active in any sports, exercise programs, physical activity? Please describe type and frequency.

What does your typical day involve physically? E.g. sitting at computer, lifting, standing for long periods, caring for children . . .

Do you have any past training in the Pilates method of movement? If yes, where and what is your experience?

What are your goals? What do you want most from your Pilates experience?

Is there anything else you'd like your Pilates instructor(s) to know?

Acknowledgement of Risk and Waiver of Liability

I understand that I will be participating in a fitness program through Springwater Pilates that will require physical exertion. Before beginning this program, I was asked by my instructor whether I have any physical limitations, or whether I am taking any medications or receiving any medical treatment that might make it unsafe for me to participate in this fitness program. There is no such limitation, medication, or medical treatment other than those I have written on the attached sheet.

I understand that, by signing this statement, I am agreeing to not hold Springwater Pilates or any of its employees, owners, agents, or insurers responsible for any bodily injury or property damage that may suffer as a result of my participation in a fitness program through Springwater Pilates whether at Springwater Pilates, at home, or elsewhere. As such, I understand and agree that Springwater Pilates, its employees, owners, agents, or insurers shall not be liable for any bodily injury or property damage that may result either directly or indirectly from my participation in a fitness program through Springwater Pilates.

Participant's Signature

Date

Cancellation and Payment Agreement

Life gets in the way sometimes. With that in mind, Springwater Pilates requires 24 hours notice for session cancellation.

If 24 hour notice is not given, I will be charged for my session

Participant's Signature

Date

For Minors Only

The undersigned is a parent or legal guardian of _____
and on his/her behalf agrees to all the conditions above.

parent or guardian

Date