

Client Health Intake Form

Please print clearly. This information is critical for your Pilates session(s), as it may affect the structure and focus of your session. All information disclosed will be kept strictly confidential.

YOUR INFORMATION

First and Last Name: _____

Email: _____

Phone: _____

Address: _____

Date of Birth: _____

Gender: _____

Pronouns: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Emergency Contact Email: _____

Emergency Contact Phone: _____

Emergency Contact Relationship to You: _____

MEDICAL CONSIDERATIONS

Please share any of the following medical considerations we should know about, including but not limited to allergies, medications, medical conditions, current supplements, EpiPen, etc. If listing medications, please indicate what they're intended to treat for you.

COVID-19: Are you currently experiencing symptoms that could be related to Covid-19, e.g. fever or chills, cough, fatigue, difficulty breathing, body aches, headache, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea?

Current aches/pains?

Prior injuries or surgeries?

Do you have need of any accommodations?

Do you do other forms of movement/fitness outside of Pilates? If so, what and how often?

YES/NO QUESTIONS

YES | NO

Has a physician ever diagnosed you with a cardiac, peripheral vascular, or cerebrovascular disease?

Has a physician ever diagnosed you with chronic obstructive pulmonary disease, asthma, interstitial lung disease, or cystic fibrosis?

Has a physician ever diagnosed you with diabetes mellitus (type 1 and 2), thyroid disorders, renal or liver disease?

Do you feel pain in your chest when performing physical activity?

Have you experienced chest pain while not exercising within the past month?

Do you lose your balance because of dizziness, or do you ever lose consciousness?

Do you have a bone or joint problem that could be worsened by a change in your level of physical activity?

Is your doctor currently prescribing pills for your blood pressure or a heart condition?

Are you pregnant?

Do you experience swelling of the ankles?

Do you experience fatigue or pain in the calf muscles?

Do you experience discomfort when not in an upright position, or interrupted breathing at night?

Do you ever experience shortness of breath?

Do you have a heart murmur?

Do you experience unexplained fatigue?

Do you experience pain or discomfort in the jaw, neck, chest, arms, or elsewhere that could be caused by lack of circulation?

IF YOU HAVE ANSWERED YES TO ANY QUESTION ABOVE, IT IS NECESSARY THAT YOU BE CLEARED BY A LICENSED PHYSICIAN PRIOR TO INCREASING PHYSICAL ACTIVITY. TALK TO YOUR DOCTOR ABOUT WHAT QUESTIONS YOU ANSWERED YES TO, AND SEEK RECOMMENDATIONS ABOUT THE LEVEL, PROGRESSION OF ACTIVITY, AND RESTRICTIONS ASSOCIATED WITH YOUR SPECIFIC NEEDS.

IF YOUR HEALTH CHANGES, AND IN THE FUTURE, YOU CAN ANSWER YES TO ANY OF THE ABOVE QUESTIONS, CONTACT YOUR PHYSICIAN TO SEEK GUIDANCE.

If you answered no to all questions, proceed to the following pages.

BY SIGNING BELOW, I AGREE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT. ANY QUESTIONS I MAY HAVE HAD WERE ANSWERED TO MY SATISFACTION.

Signature

Date

INFORMED CONSENT

"I, the client listed below, have willfully enrolled in class/coaching at Moxie Mind and Body Pilates Studio. I recognize and fully understand that the program will involve strenuous physical activity including, but not limited to; maximal physical exertion, muscular strength training, endurance training, flexibility training, high-impact plyometric training, speed and agility drills, and other various fitness activities. I agree to assume all risks associated with my participation. These include but are not limited to; shortness of breath, asthma attack, heart attack, stroke, strain or tear of muscle tissue, injuries to connective tissue, bone fractures, shin splints, back injury, head injury, heat prostration, dehydration, or any other illness or soreness including death. The class/coaching is subject to environmental hazards caused by changes in terrain, facilities, weather, temperature, and interaction with other participants, volunteers, spectators, coaches, officials, animal life, or any act of God. I hereby affirm that I am in good physical condition, and do not suffer from any known disability or condition which would prevent or limit my participation in these activities, or if such condition exists I have obtained full clearance from a licensed physician. I acknowledge that my enrollment and participation is entirely voluntary, and in no way mandated by Moxie Mind and Body Pilates Studio, or its owners, agents, managers, instructors, volunteers, employees, or affiliates, including the facility where services are rendered, and that at any time I may willfully terminate my participation."

BY SIGNING BELOW, I AGREE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT. ANY QUESTIONS I MAY HAVE HAD WERE ANSWERED TO MY SATISFACTION.

Signature

Date

WAIVER OF LIABILITY

I, client listed below, fully understand the risks associated with my enrollment and subsequent participation in this program and hereby take action for myself, my executors, administrators, heirs, next of kin, and successors, and agree to waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from the program. I agree to defend, indemnify and hold harmless Moxie Mind and Body Pilates Studio, and its owners, agents, managers, instructors, volunteers, employees, and affiliates including the facility where services are rendered, of any claims of liability, and any costs incurred in connection with such claims, whether related to exercise or not." **BY SIGNING BELOW, I AGREE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT. ANY QUESTIONS I MAY HAVE HAD WERE ANSWERED TO MY SATISFACTION.**

Signature

Date

PHOTO RELEASE

I, the undersigned, do grant Moxie Mind and Body and its authorized representatives permission to utilize digital images, printed images, likeness, and video recorded images (hereinafter "images") taken of me in Moxie Mind and Body publications, including, but not limited to, printed and electronic publications and publically accessible social media websites, for promotional, commercial or any other purpose, in any media whether now known or hereafter created without any additional consideration. I also understand and agree that the use of such images will be without compensation to me.

Signature

Date