



## General History

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_ Mobile or Pager \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Mobile or Pager \_\_\_\_\_

Previous Injuries \_\_\_\_\_

\_\_\_\_\_

Surgeries \_\_\_\_\_

\_\_\_\_\_

Medications currently taking \_\_\_\_\_

\_\_\_\_\_

### Pain

Locations	Intensity (1-10)	Is relieved by
_____	_____	_____
_____	_____	_____

What do you like to do for Exercise? \_\_\_\_\_

How often? \_\_\_\_\_

Hobbies \_\_\_\_\_

\_\_\_\_\_

What do you want to accomplish with Pilates? Your goals.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_