



Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Emergency Contact & Telephone \_\_\_\_\_  
 Occupation \_\_\_\_\_ Referred By \_\_\_\_\_

**Health History**

Do you have any of the following:	Yes	No	<b>Allergies:</b> List: _____	Yes	No
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Blood Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant or nursing	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy or Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Any current injuries	<input type="checkbox"/>	<input type="checkbox"/>
Any Contagious Disease	<input type="checkbox"/>	<input type="checkbox"/>	Are you currently being treated for any other medical condition	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any of the above, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Is there any other medical condition we should know about? \_\_\_\_\_  
 \_\_\_\_\_

Medications: prescription/nonprescription, Name: \_\_\_\_\_  
 \_\_\_\_\_

What is your primary goal for participating in our program? (Please Circle) **Lose Weight** **Overall Health & Wellbeing**  
**Overall Strength & Flexibility** **Therapy or Rehabilitation of Injury** **Other** \_\_\_\_\_  
 \_\_\_\_\_

I acknowledge that I am voluntarily participating in fitness activities, exercise programs, and /or massage at Re-Form Movement Pilates and that there is a risk that I may injure myself, and fully assume the risk for same. Further, I agree to release and hold harmless Re-Form Movement Pilates, its employees, officers, directors, shareholders, successors, heirs, executors, agents, and / or contractors, for any and all actions, cause or causes of action, suits, debts, dues, sums of monies, accounts, reckonings, bonds, bills, claims, covenants, contracts, controversies, agreements, promises, trespasses, damages, judgments, executions, and demands whatsoever, in law or in equity, tort or contract, which I ever had, now have, or can, shall, or may have for, upon, or by reason of any matter, cause or thing whatsoever, that may occur or has occurred. It is further understood and agreed that this release extends to all claims of every nature and kind whatever, known or unknown, suspected or unsuspected, and that the undersigned is executing this release upon his, her, or its own free will and upon no representations of the parties released. **All packages 6 months expiration, nontransferable, no-refunds. I hereby affirm that I have read and fully understand the above.**

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_