

Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Work _____ Home _____

Email _____

Date of Birth _____ How did you find out about us? _____

EMERGENCY CONTACT _____ Phone _____

Please complete the following health screen so that we are best able to develop a safe and effective program of exercise.

Check any of the following that are applicable to your past or current medical history:

- | | |
|--|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Dizziness or sensitivity to changes in position |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Currently Pregnant | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Surgeries _____ |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Joint or bone problems/injuries _____ |
| <input type="checkbox"/> Pacemaker | |
| <input type="checkbox"/> Other | |

List any medications that you currently use as well as any know side effects (particularly those that may affect you during exercise or exertion).

Payment/Policies

Payment is due on the date of service. No refunds on any unused portion of any packages. Most packages expire 6 months from your first attended appointment.

PLEASE READ our policy page for all the details.

Cancellation Policy: If the need to cancel should arise, Absolute Pilates requires 24 hour advanced notice to prevent being charged for your scheduled session.