

Blue Sky Pilates and Wellness

155 S. Madison St Suite 303, Denver, Colorado, 80209 • Phone 303-388-1537 • Fax 303-388-4470

CLIENT INFORMATION

Name:

Last

First

Middle

Address:

Street

City

State

Zip

Phone: Home:() _____ Cell:() _____ Email: _____

Preferred way to contact you: Home Cell Sex: Male Female

Date of Birth: ___ / ___ / _____ Age: _____ Occupation: _____

Employer: _____

Emergency contact: _____ Phone: _____

Physician: _____ Phone: _____

HEALTH SCREENING

Have you ever been treated by a physician for any of the following:

- ___ Heart Disease
- ___ High Blood Pressure
- ___ High Cholesterol
- ___ Diabetes
- ___ Gastric Reflux
- ___ Osteoporosis/Osteopenia
- ___ Orthopedic/Joint Problem(shoulder/elbow/wrist/hand/spine/hip/knee/ankle/foot)
- ___ Arthritis
- ___ Peripheral Neuropathy (numbness/tingling/diminished sensation)
- ___ Allergies – please list _____

Are you pregnant? ___ Yes ___ No Prior deliveries _____

Prior surgeries _____

Prior Injuries _____

Please list your current medications: _____

Blue Sky Pilates and Wellness

155 S. Madison St Suite 303, Denver, Colorado, 80209 • Phone 303-388-1537 • Fax 303-388-4470

Date of last physical examination: _____

Has a physician ever restricted your physical activity? _____ If yes, please explain

Do you have any other medical conditions which may limit your ability to exercise? _____
If so, please explain _____

Are you currently doing rehabilitation? _____ If so, please describe _____

Have you ever done Pilates before? _____ Yes _____ No
If so, when and where: _____

Activity level/exercise frequency

What are your health/fitness goals? _____

RELEASE OF INFORMATION:

I **do/do not** (please circle one) authorize _____ (Name of physician or physical therapy clinic) to release any of my medical records, reports, x-rays or diagnostic images to Blue Sky Pilates & Wellness, Inc. for the purpose of obtaining medical information relevant to my fitness/Pilates program.

Participant Signature Date

CANCELLATION/NO SHOW POLICY:

Unless cancelled at least 24 hours in advance, our policy is to charge the participant the price of the missed Pilates session/class. We may have participants waiting to schedule for your time slot and a courtesy of a phone call allows us to schedule them. If you have purchased a package from us then one of the sessions will be deducted, otherwise we will collect the cost of the missed session prior to your next Pilates session.

*Please note that you will not be charged for a missed session if you call us and are able to reschedule within the same week as the cancellation or no show.

Participant Signature Date