



HEALTH SCREENING FORM

Name: _____ Address: _____

City: _____ Zip Code: _____

Phone: (H) _____ Phone: (C) _____

E-Mail: _____ Age: _____ Birthday: (M) _____ (D) _____

How did you hear about us?

- Internet Groupon Amazon/LivingSocial
- RB Monthly Poway Monthly 92064 Mag 92127 Mag
- Walk-By Friend/Family Another Client (who _____)

Have you ever been treated by a physician for the following?

- Heart disease
- High blood pressure
- Gastric reflux
- Glaucoma
- Orthopedic/joint (shoulder/elbow/spine/hip/knee) problems
- Osteoporosis
- Arthritis
- Peripheral neuropathy (numbness/tingling/diminished sensation)

Are you pregnant? Yes No Prior deliveries _____

Prior surgeries _____

Prior injuries _____

Do you carry a list of your current medications? Yes No

Activity level/exercise frequency?

Prior movement experience? (Dance, Pilates, yoga, etc.)

Emergency Contact _____ Phone: _____

Please read our Cancellation Policy and initial below:

Propel Pilates has a strict 20 hour cancellation policy. Should you cancel your scheduled appointment (for any reason) without 20 hour notice, you will be charged for your session in full.

Initial: _____

