SCREENING FORM

PLEASE FILL OUT THIS FORM TO THE BEST OF YOUR ABILITIES AND SIGN THE STATEMENT AT THE BOTTOM OF THE FORM. IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO ASK.

NAME: _____ __ OCCUPATION: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE: (Home) _____(Cell)_____ SEX: _____ MARITAL STATUS:_____

NUMBER/AGE OF CHILDREN: _____ HOBBIES/RECREATIONAL ACTIVIES

AND FREQUENCY: _____

PREVIOUS EXPERIENCE WITH PILATES/YOGA/SOMATIC MOVEMENT THREAPY:

PERSONAL GOALS: _____

GENERAL HEALTH: (CHECK) _____ EXCELLENT _____ GOOD_____ FAIR _____ POOR _____

MEDICATIONS: _____

PREVIOUS INJURIES: _____

PREVIOUS SURGERIES: _____

ARE YOU CURRENTLY RECEIVING PROFESSIONAL HEALTH CARE SERVIES? (i.e., CHIROPRACTIC,

MEDICAL, MASSAGE THERAPY, PAHYSICAL THERAPY, etc.) IF SO, PLEASE EXPLAIN:

_____

ARE YOU CURRENTLY OR HAVE YOUR PREVIOUSLY BEEN DIAGNOSED WITH ANY OF THE FOLLOWING:

ARTHRITIS	Y	N	HERNIATED DISC	Y	N
BACK PAIN	Y	N	HIGH BLOOD PRESSURE	Y	N
CANCER	Y	N	HYPOGLYCEMIA	Y	N
CIRCULATORY PAIN	Y	N	NUMBNESS or WEAKNESS	Y	N
DIABETIES	Y	N	PREGNANCY	Y	N
DIZZINESS	Y	N	SEIZURE DISORDER	Y	N
FAINTING DISORDER	Y	N	SHOULDER IMPARIMENT	Y	N
HEART DISEASE	Y	N	STENOSIS	Y	N
HEART ATTACK	Y	N	OSTEOPOROSIS	Y	N

IS THERE ANYTHING THAT YOU FEEL I SHOULD KNOW AND HAVE NOT ASKED? IF SO, PLEASE EXPLAIN:

_____

I THE UNDERSIDGNED, DO HERBY CERTIFY THAT I HAVE COMPLETED THE ABOVE INFORMATION AND KNOW IT TO BE TRUTHFUL AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

SIGNATURE: _____ DATE: _____