



HEALTH SCREENING

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.

Last Name: _____ First Name: _____

Phone number: _____

Gender: _____ Age: _____ Marital Status: _____

Hobbies/Recreational Activities and Frequency: _____

Previous Experience with Pilates/Gyrotonic: _____

General Health (Check): Excellent Good Fair Poor

Personal Fitness Goals: _____

Are You Currently Experiencing Any Physical Problems? If So, Please Explain: _____

Medications: _____

Previous Injuries: _____

Previous Surgeries: _____

Are You Currently Receiving Professional Health Care Services (i.e. Chiropractic, Medical, Massage Therapy, Physical Therapy, Etc...): _____

Are You Currently or Have You Previously Been Diagnosed with any of the Following (please check all that apply):

- | | | |
|-----------------------|----------------------|-----------------------|
| Arthritis | Heart Attack | Pregnancy (currently) |
| Back Pain | Herniated Disk | Seizure Disorder |
| Bowel/Bladder Changes | High Blood Pressure | Shoulder Impingement |
| Cancer | Hypoglycemia | Stenosis |
| Circulatory Disease | Hyperglycemia | Thyroid Disorder |
| Diabetes | Numbness or Weakness | |
| Dizziness | Osteoporosis | |
| Fainting Disorder | Osteopenia | |
| Heart Disease | Osteoarthritis | |

Other: _____

Is There Anything Else That You Fell We Should Know About or Have Not Asked? If So, Please Explain: _____

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT I HAVE COMPLETED THE ABOVE INFORMATION AND KNOW IT TO BE TRUTHFUL AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Date: _____



FITNESS SCREENING

Name _____ Age ____ Sex ____ Date _____

HEALTH HISTORY: _____

FITNESS HISTORY: _____

PERSONAL GOALS: 1. _____
2. _____
3. _____

FITNESS ASSESSMENT

Half Squat	0	1	2	3	_____
Full Squat	0	1	2	3	_____
Heel Raise	0	1	2	3	_____
Goal Post	0	1	2	3	_____
Long Sit	0	1	2	3	_____
Seated Hip Abduction	0	1	2	3	_____
Z-Sitting	0	1	2	3	_____
Rollup	0	1	2	3	_____
Hundred	0	1	2	3	_____
Side Lift	0	1	2	3	_____
Push Up	0	1	2	3	_____
Superman	0	1	2	3	_____
Prone Shoulder Flexion	0	1	2	3	_____
Prone Press Up	0	1	2	3	_____
Prone Knee Bend	0	1	2	3	_____

TOTAL SCORE _____

FITNESS LEVEL (check one) ___BEGINNER ___INTERMEDIATE ___ADVANCED

PROBLEM LIST: _____

FITNESS GOALS: _____

EXAMINER: _____