

# INTRODUCTORY SESSION

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Referred by: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Gender:  Male  Female

How did you hear about us? \_\_\_\_\_

1) Were you an athlete in high school or college?  Yes  No

If yes, describe the sport and level of activity. \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physical Therapist: \_\_\_\_\_

2) Please describe your current fitness program. \_\_\_\_\_

3) Please describe any pain you are having (back, hip) and give the history of this pain including treatment. \_\_\_\_\_

4) Has a doctor given you a diagnosis for this injury? \_\_\_\_\_

5) Are you under low, medium or high stress? \_\_\_\_\_

6) What are your primary objectives for joining the IM=X Pilates Program? \_\_\_\_\_

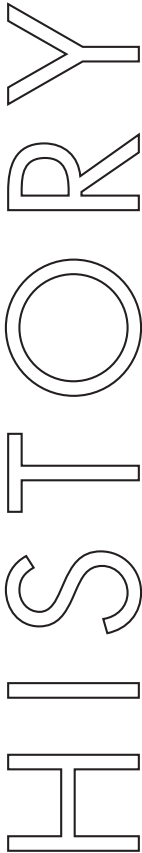
7) How soon would you expect to see results? \_\_\_\_\_

8) What kind of a time commitment do you want to make to achieving these objectives? \_\_\_\_\_

9) Would you like to change your current weight?  Yes  No

If yes, how much would you like to lose? \_\_\_\_\_ Gain? \_\_\_\_\_

Would you be willing to keep a food diary? \_\_\_\_\_



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<b>Do you now or have you had:</b>		<b>Yes</b>	<b>No</b>
	History of heart problems, stroke, or chest pain?	_____	_____
	History of heart problems in your family?	_____	_____
	High blood pressure?	_____	_____
	Any chronic illness or condition?	_____	_____
	Difficulty with physical exercise?	_____	_____
	Advice from a doctor not to exercise?	_____	_____
Y	Surgical history?	_____	_____
	Arthritis, bursitis or tendonitis?	_____	_____
	Pregnancy?	_____	_____
R	History of breathing or lung problems?	_____	_____
	Diabetes or thyroid condition?	_____	_____
	Cigarette smoking habit (#____ per day)	_____	_____
O	Drink alcohol (#_____ per day)	_____	_____
	Weight problem (10 or more lbs overweight)	_____	_____
	Increased blood cholesterol?	_____	_____
T	Take vitamins and minerals?	_____	_____
	Maintain a healthy diet?	_____	_____
	Do you have poor posture?	_____	_____
S	Excess fatigue or stress?	_____	_____
	Please provide details to any question that you answered "yes"	_____	
		_____	
I		_____	
		_____	
		_____	
I		_____	
		_____	
		_____	

I, \_\_\_\_\_, voluntarily consent to engage in a fitness program with The IM=X Pilates Studio. I understand that in rare instances physical exercise causes dizziness, chest discomfort, nausea, joint or muscle soreness. I agree to assume all risks involved and hereby release all employees/staff from any and all health claims, suits, losses, or causes of action for damages, injury or death, including claims for negligence, arising out of or related to my participation in a fitness program or assessments. I have read the foregoing carefully, and I understand its content. Any questions that may have occurred to me concerning this informed consent have been answered to my satisfactions.

An inherent risk of exposure to COVID-19 and other extremely contagious diseases exists in any public place where people are present. COVID-19 can lead to severe illness and death. According to the CDC, senior citizens and individuals with underlying medical conditions are especially vulnerable. By visiting IM=X Pilates and Fitness you voluntarily assume all risks related to COVID-19 and any other contagious disease.

Signature:

Witness:

Date:

Confidential