



### **Performance Pilates**

Client's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Do you now or have you had in the past?:

Back Pain	YES	NO
Knee Problems	YES	NO
Shoulder Pain	YES	NO
Elevated blood pressure	YES	NO
Heart problems	YES	NO
Pregnancy	YES	NO

Please list any injuries: \_\_\_\_\_

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Please list any other medical concerns we should be aware of: \_\_\_\_\_

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