

# dharmaspace client history

Thank you in advance for taking the time to fill this out as completely as possible.

## Client Information

Name:

Home Address:

City/ZIP Code:

Telephone: Home:

Work:

Cell:

Employer:

Type of Work:

E-mail address:

Birth date:

Emergency Contact:

Telephone:

Relation:

Referred by:

Today's date:

## Health History

Has a doctor ever restricted your physical activity? Y N

If yes, please explain: ...

Are you presently taking any medications? Y N

If yes, please list type and purpose: ...

Have you ever had? (if yes, please explain)

High Blood Pressure .....Y N

Heart or Circulation Disorders ..Y N

Seizures..... Y N

Dizzy Spells..... Y N

Diabetes .....Y N

Cancer .....Y N

Arthritis/Osteoarthritis.....Y N

Osteoporosis .....Y N

Immune Deficiency Disease .....Y N

Allergies .....Y N

Do you smoke cigarettes? Y N  
If no, did you in the past? Y N If yes, how long ago did you quit? ...

What is your current weight? \_\_\_\_\_ 5 years ago? \_\_\_\_\_ Ideal? \_\_\_\_\_

Injuries	Date	Nature of Injury
___ Broken Bones	_____	_____
___ Muscle Strain/	_____	_____
___ Ligament/ Tendon	_____	_____
___ Joint/Cartilage	_____	_____
___ Chronic Pain	_____	_____
___ Back Pain/ Injury	_____	_____

List any activities that aggravate these injuries, or cause pain: ...

Have you ever been to physical therapy? Y N If yes, for what, where and when : ...

Are you currently pregnant, or have been recently? ...

## Exercise Background

Have you done Pilates before? Y N Mat work? Y N Equipment? Y N  
If yes, where? ... When?...

How often do you exercise? ...

How much time do you spend exercising per week? ...

What is the intensity of your workouts?

Very Light Light Moderate Heavy

What type of exercise do you like? ...

Which of these do you currently participate in? ...

Have you been a competitive athlete? Y N If yes, what sport(s)?...

What condition do you consider yourself in right now? ...

## Goals

What would you like to focus on during your Pilates sessions?

\_\_\_ Flexibility \_\_\_ Cardiovascular Control \_\_\_ Strength  
\_\_\_ Weight Loss \_\_\_ Rehabilitation \_\_\_ Sports Conditioning  
\_\_\_ Stress Management \_\_\_ Other :

How do you plan to measure your progress? ...

How long do you expect it will take to achieve your goals? ...