

Dharmaspace Pilates Center
client medical release
fax # 415-495-1164
pilates@dharmaspace.com
phone # 415-495-4564

Attn: _____

_____ is safe and fit to perform the pilates method of exercise.

Our diagnosis of his/her condition is as follows:

PLEASE fill out the following as completely as possible, as it will aid us in safely working with your patient. Include movements that should be encouraged/avoided, weight bearing or load bearing issues, as well as closed vs. open chain movements.

Contraindications are as follows:

Strength and neurological testing show the following:

Any additional comments that will help us create a safe and effective exercise program:

Thank you in advance for your time and care.
Peter Lakis, and the team at Dharmaspace Pilates Center

Doctor's name: _____

Address: _____

phone # _____

signature: _____