



Name: _____

Birthday Month: _____ Day: _____ Year: _____

Address: _____

Mobile #: _____ Home #: _____

Email: _____

Occupation: _____

How did you hear about us? _____

How do you prefer to be contacted? _____

EMERGENCY CONTACT INFORMATION:

Name of Contact: _____ Relationship to you: _____

Phone #: _____ Email: _____

PHYSICAL ACTIVITY EXPERIENCE:

Do you have any Pilates experience? _____

What type and how long? _____

Do you participate in any other physical activities? _____

Do you have any goals you would like to work toward? _____



INFORMED CONSENT AND RELEASE:

1. Voluntary Participation. I have enrolled in a program of physical exercise, including but not limited to, Pilates, Physical Therapy, and the use of various other exercise equipment (“wellness programs”) offered by The Body Haus LLC d/b/a The Body Haus. I hereby affirm that I am in good physical condition and do not suffer from any disability or disease that would prevent or limit my participation in an exercise program.

2. No Promises, Guarantees, or Representation of Likelihood of Success. I acknowledge that The Body Haus has made no promises, guarantees, or representation of the likelihood of success to me about the success of The Body Haus in providing wellness programs for any particular concern, weakness, or malady.

3. Assumption of Risk. I fully understand that this exercise program may be hazardous or harmful to me. I am voluntarily participating in this program with knowledge of the dangers involved, and agree to accept any and all risks of injury, illness or even death that can result from an exercise program. I acknowledge that I have been advised of the need for a physician’s approval for my participation in this exercise program, and affirm that I have either received a physician’s permission to participate, or that I have decided to participate in this program without the approval of my physician. In signing this document I agree that The Body Haus is not responsible for the safekeeping of my personal belongings.

4. Release and Indemnity. In consideration of my participation in this exercise program, I, for myself, my heirs and assigns, hereby release, defend and indemnify the companies and their owners, directors, officers, employees and contractors from any claims, demands and causes of action arising from my participation in the exercise program, whether or not caused by any negligence of the companies or their owners, directors, officers, employees or contractors.

5. Scope. I agree that this Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Ohio, shall be interpreted fairly and not against the drafter hereof, that in any action hereunder I expressly waive the right to trial by jury and that if any portion of this Agreement is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

6. Knowing and Voluntary Execution. I have carefully read this Agreement and understand its contents. I am aware that this is a release of liability and indemnity, and a contract between the companies and me, and that I sign it of my own free will. I agree that no oral representations, statements or inducement apart from this written Agreement have been made.

7. Financial Agreement. I understand that fitness related services or wellness sessions offered at The Body Haus are wellness services, meaning I agree to pay the cash rate and that full payment is due at at time of service. If I choose to pay for a discounted package of sessions, I understand that the sessions expire within one year of date of purchase and the purchase is non-refundable.

8. Cancellation Policy. The Body Haus LLC requires that appointment cancellations be made within 24 hours. If I cancel my fitness related services or no-show, I agree to pay the full fee for the service for which I was scheduled.

THE UNDERSIGNED ACKNOWLEDGES HAVING READ, FULLY UNDERSTAND, AND VOLUNTARILY AGREE TO THE POLICIES LISTED ABOVE.

Name (Please Print)

Signature

Date

Past Medical History

Have you had or do you currently have any of the following? (Y=yes, N=no)

- | | | | |
|-----------------------|-----------------------------|-------------------------|--------------------------|
| Y N Anemia | Y N Cancer: | Y N Heart Disease | Y N Kidney Disease |
| Y N Arthritis | Y N Coronary Artery Disease | Y N High Cholesterol | Y N Pulmonary Embolism |
| Y N Bleeding Disorder | Y N Deep Vein Thrombosis | Y N High Blood Pressure | Y N HIV |
| Y N COPD / Emphysema | Y N Diabetes | Y N Stroke | Y N Hepatitis A, B, or C |

Have you had or do you currently experience pain in any of the following joints? (Y=yes, N=no)

- | | | |
|--------------------|-----------------------|---------------|
| Y N Cervical Spine | Y N Hand/Fingers | Y N Hips |
| Y N Shoulders | Y N Thoracic Spine | Y N Knees |
| Y N Elbows | Y N Lumbar Spine | Y N Ankles |
| Y N Wrist | Y N Sacroiliac Joints | Y N Foot/Toes |

List all hospitalizations and surgeries (with year):	List all current prescriptions/supplements/over the counter medications (Dosage / Frequency):
1.	1.
2.	2.
3.	3.
4.	4.
List all known drug allergies:	5.
1.	6.
2.	7.
3.	8.

Family History:

Has anyone in your immediate family (parents, brothers, sisters) been treated with the following?(Y=yes, N=no)

- | | | | |
|--------------------------|-----------------------|-------------------------|-----------------------------|
| Y N Cancer: | Y N Diabetes | Y N Heart Disease | Y N Stroke |
| Y N Deep Vein Thrombosis | Y N Bleeding Disorder | Y N High Cholesterol | Y N Coronary Artery Disease |
| Y N Pulmonary Embolism | Y N Kidney Disease | Y N High Blood Pressure | Y N MI / heart attack |

Review of Systems:

Are you currently having problems with any of the following? (Y=yes, N=no)

- | | | | |
|---------------------------------|-----------------------------------|----------------------------------|-------------------------------|
| Constitutional Symptoms: | Cardiovascular Symptoms: | Musculoskeletal Symptoms: | Endocrine Symptoms: |
| Y N Fever | Y N Chest Pain on Exertion | Y N Muscle Aches | Y N Fatigue |
| Y N Chills | Y N Arm Pain on Exertion | Y N Muscle Weakness | Y N Cold Intolerance |
| Y N Weight Gain (lbs) | Y N Shortness of Breath | Y N Joint Pain | Y N Hair Loss |
| Y N Weight Loss (lbs) | Y N Heart Palpitations | Y N Back Pain | Y N Increased Hair Growth |
| Y N Decreased Appetite | Y N Heart Murmurs | Y N Swelling in Arms/Legs | Y N Irreg Menstrual Cycle |
| Eye Symptoms: | Y N Calf or Jaw Pain | Y N Difficulty Walking | Y N Increased Thirst |
| Y N Change in Vision | Y N Ankle Swelling | Integumentary Symptoms: | Hematologic/Lymphatic: |
| Y N Eye Pain | Respiratory Symptoms: | Y N Dry Skin | Y N Swollen Glands |
| Y N Eye Irritation | Y N Cough | Y N Jaundice | Y N Bruising |
| Ear, Nose, and Throat: | Y N Wheezing | Y N Rashes | Y N Excessive Bleeding |
| Y N Decreased Hearing | Y N Shortness of Breath | Y N Discoloration | Neurologic Symptoms: |
| Y N Vertigo | Gastrointestinal Symptoms: | Y N Growth/Lesions | Y N Loss of Consciousness |
| Y N Ringing in the Ears | Y N Nausea | Y N Ulcers | Y N Slurred Speech |
| Y N Nose/Sinus Problems | Y N Vomiting | Allergic/Immunologic: | Y N Weakness |
| Y N Nose bleeds | Y N Vomiting Blood | Y N Runny Nose | Y N Numbness |
| Y N Sore Throat | Y N Abdominal Pain | Y N Sinus Pressure | Y N Headaches |
| Y N Difficulty Speaking | Y N Change in Appetite | Y N Itching | Y N Memory Lapse / Change |
| Y N Bleeding Gums | Y N Heartburn | Y N Hives | Y N Loss of Balance / Falls |
| Y N Teeth Abnormalities | Y N Black or Tarry Stools | Y N Frequent Sneezing | Y N Restless Legs |



Client's Signature

Date