

# New Client Assessment Form

## Client Information

This information is essential to helping us develop a safe and effective program to address your needs, goals & interests. All information on this form will be kept confidential and is the sole property of Metamorphysique. Please fill out the forms as completely & as accurately as possible.

Today's Date: \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Birth Date: M \_\_\_ D \_\_\_ Y \_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Occupation: \_\_\_\_\_

How did you hear about us?

\_\_\_\_\_

Person to be notified in case of emergency:

Name \_\_\_\_\_ Relation: \_\_\_\_\_ Phone \_\_\_\_\_

# Current Health Status

Client Name: \_\_\_\_\_

Please respond to this question by checking the appropriate YES or NO box. Explain any Yes responds.

Yes	No	
		Are you taking any regular medications, self-prescribed or dietary supplements? If yes, what are you taking? _____
		Do you have drug allergies? If yes, what are they? _____
		Do you have diabetes? If is, are you taking medication to control it? <input type="checkbox"/> Yes <input type="checkbox"/> No _____
		Do you have cardiac/heart problems? _____
		Do you have high blood pressure? If is, are you taking medication to control it? <input type="checkbox"/> Yes <input type="checkbox"/> No _____
		Do you have epilepsy? If yes, have your seizures been stabilized on medication? <input type="checkbox"/> Yes <input type="checkbox"/> No _____
		Do you have Asthma or other breathing problems? Do you suffer from shortness of breath/dizziness during exercise? <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No _____
		Do you smoke? If yes, approximately how much: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
		Have you been diagnosed with osteoporosis? _____
		Do you have any joint replacements? _____
		Have you been diagnosed with any form of cancer? _____
		Are you or could you be pregnant now? If yes, when is your due date? _____ _____
		Are you injured? If so have you been cleared to exercise by your doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No _____
		Have you been involved in any major accident? _____
		Have you had any major surgery? _____
		Have you had any bone or stress fracture? If yes, do you currently have any metal plates/pins or screws in place? <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No _____
		Have you had any foot or ankle problems/injuries? _____
		Have you had any knee or hip problems/injuries? _____

	Have you had any shoulder/elbow or wrist problems/injuries? _____
	Have you had any other muscle/ligament or tendon problems/injuries? _____
	Have you had any neck problems/injuries? _____
	Have you had any low back problems/injuries? _____
	Have you been diagnosed as hyper mobile? _____
	Is there a history of ill health (heart disease, cancer, diabetes) in your family? _____
	Is there any other longstanding medical condition or disability not already covered above that your trainer should be aware of? _____ _____ _____
	Does your physician know you are participating in an exercise program?

ACTIVITY LEVEL	STRESSES AFFECTING YOUR LIFE
<input type="checkbox"/> Sedentary (inactive) by choice <input type="checkbox"/> Sedentary (inactive) due to inability or restriction <input type="checkbox"/> Light: light daily work w/no regular exercise <input type="checkbox"/> Moderate: light daily work with exercise 3X/week <input type="checkbox"/> Sustained: moderate daily work & exercise 5X/week	<input type="checkbox"/> Difficulties with work or lifestyle <input type="checkbox"/> Recent change in marital status <input type="checkbox"/> Death or serious illness of family or friend <input type="checkbox"/> Dysfunctional family__ Past__ Present__ <input type="checkbox"/> Lack of love or fulfilling relationship(s) <input type="checkbox"/> Illness -- self

# Goal Setting

Setting goals and developing a realistic plan of achieving those goals is as important in Pilates as it is in other aspects of life. Your trainer will be better prepared to develop exactly the right exercise program for your wants & needs.

How would you rate your present fitness level? Worst 0 1 2 3 4 5 6 7 8 9 10 Best

What areas are most important to you? **Check all that apply.**

- Improving Health  Increase Strength  Increase Endurance  Injury Rehabilitation
- Improving Appearance  Increase Flexibility  Increase Energy  Decrease Body Fat
- Increase Muscle Size  Fun

How else can we be of help to you?

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

Other Comments:

---

---

# Fitness Information

Do you currently exercising regularly? Yes or No

If yes, how many days each week do you exercise? \_\_\_\_\_ For how long? \_\_\_\_\_

If you could design your own exercise program what would your ideal training week look like? Please list specific day & time:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
am	am	am	am	am	am	am
pm	pm	pm	pm	pm	pm	pm

Please circle the prefer option exercise best for you: Private class \ group \ combination

Other Comments:

---

---

# Terms and Conditions

- The Pilates program or exercise program we devise for you is based upon our sound teaching practice and the information you have provided about yourself when filling out this medical questionnaire.
- You must therefore inform us about any change in your medical condition as soon as you become aware of it.
- If undertaking a studio/equipment-based class you should not attempt to adjust or interfere with any of the equipment unless you have had prior instruction on how to do so.
- If you experience any pain or dizziness during an exercise class you should stop what you are doing and consult your doctor.
- If you injure yourself in any way during an exercise class you should inform your Pilates teacher or one of the administration staff at that time.
- We accept no liability whatsoever for any injury or death unless the same is caused directly by negligence of one of our instructors.
- There is a 24-hour cancellation policy for prepaid and confirmed clients. Sessions will be charged the full rate for no shows or less than 24-hour notice to instructors.
- I declare that I have filled out this questionnaire truthfully, comprehensively and to the best of my ability I accept the above terms and conditions and agree to abide by them:

---

Signature

Date

## PAR-Q & You

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.


If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 – 69, the PAR-Q will tell you if you should check with your doctor before you start. *If you are over 69 years of age, and you are not used to being very active, check with your doctor.*


Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly. **Check YES or NO.**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee, or hip) that could be made worse by physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

### YES to one or more questions:


Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.


 You may be able to do any activity you want – as long as you start slowly and build up gradually. OR, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

 Find out which community programs are safe and helpful for you.



### NO to all questions:

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

 Start becoming much more physically active-begin slowly and build up gradually. This is the safest and easiest way to go.

 Take part in a fitness appraisal-this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

### Delay Becoming Much More Active:

-  If you are not feeling well because of temporary illness, such as a cold or fever-wait until you feel better; or
-  If you are or may be pregnant-talk to your doctor before you start becoming more active

**PLEASE NOTE:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: Consult your doctor prior to physical activity. The personal trainer, their agents, affiliates, etc. assume no liability for persons who undertake physical activity.

**NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.**

“I have read, understand and completed this questionnaire. Any questions I had were answered to my full satisfaction.”

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Witness: \_\_\_\_\_

Or Guardian (for participants under the age of 18)

**Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**