



Health Screening Form

Age: _____

Gender: _____

Have you ever been treated by a physician for?:

- heart disease
- high blood pressure
- gastric reflux
- glaucoma
- orthopedic/joint (shoulder/elbow/spine/hip/knee) problems
- osteoporosis
- arthritis
- peripheral neuropathy (numbness/tingling/diminished sensation)

Are you pregnant? Yes No Prior deliveries _____

Prior surgeries _____

Prior injuries _____

Do you carry a list of your current medications? Yes No

Activity level/exercise frequency

Prior movement experience? (dance, Feldenkrais, yoga, etc.)

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is to protect the public by
establishing certification and
continuing education standards
for Pilates professionals.*