



Instructor Use only:

TY Sent \_\_\_\_\_

Class Taken \_\_\_\_\_

## Health Intake Form

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

Instructor: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone no. \_\_\_\_\_ Email \_\_\_\_\_

Previous/Current Pregnancy \_\_\_\_\_

Recent Surgeries \_\_\_\_\_

Medications \_\_\_\_\_ Doctor approval for exercise Yes/No

Previous Injuries/Surgeries \_\_\_\_\_

Back Pain yes/no

Neck Pain Yes/no

Dizziness yes/no

High Blood Pressure yes/no

High Cholesterol yes/no

Headaches/Migraines yes/no

Please **CIRCLE** any of the following with **PAIN** or **INJURY**:

Knee/Hip/Shoulder/Foot/Ankle/Elbow/Hip/Wrist/Hand/Arm/Leg

Description \_\_\_\_\_

Exercise restrictions \_\_\_\_\_

Pilates History \_\_\_\_\_ Cycling History \_\_\_\_\_

Barre History \_\_\_\_\_ Suspension training \_\_\_\_\_

\*Current Workout Program \_\_\_\_\_

How did you hear about Core Concepts? \_\_\_\_\_

*Core concepts has a 24 hour cancellation POLICY for all classes. If your class is not cancelled within 24 hours of the schedules time, your class is forfeited. Class needs to be CANCELLED online. \_\_\_\_\_ (Please initial here)*

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise, which can enhance the musculoskeletal and cardio respiratory systems. In signing this document, I acknowledge being informed of the possible strenuous nature of the program and the potential for unusual but possible. Physiological results, including, but not limited to abnormal blood pressure, fainting, heart attack or death. By signing this document, I assume all risk for my healthy and well being and hold harmless of any responsibility, the instructor, or facility or any persons involved with this program and testing procedure. I understand that questions about exercise procedures and recommendations are encouraged and welcomed.

Signature \_\_\_\_\_

Date \_\_\_\_\_