

Johns Creek Pilates New Patient Form

Name _____

Address _____

City, State, Zip _____

Date of Birth _____

Home Phone # _____ Cell/Work # _____

Email Address _____

Gender M / F Occupation _____

Emergency Contact Name and Phone: _____

1. List stress reduction and/or exercise activities, including frequency:

2. List current medications, including ibuprofen, herbal remedies, etc:

3. If you are currently under the care of a health care practitioner for any condition/injury, please provide:

Practitioner Name _____

Phone: _____

4. List any surgeries, injuries/accidents, major illnesses or other hospitalizations within the last 5 years or for conditions still affecting you: _____

5. Please indicate if you are pregnant yes or no