

# *Vero Beach Pilates*

## **Informed Consent**

### Physical Fitness Program

**General Statement of Program Objectives and Procedures:** I understand that this physical fitness program may include exercises to build the cardio respiratory system (heart and lungs), the musculoskeletal system (muscle endurance, strength and flexibility), and to improve body composition (decrease of body fat in individuals needing to lose fat, with an increase in weight of muscle and bone). Exercises may include aerobic activities (running, walking, bicycle riding, etc.), calisthenics and weight lifting to improve muscular strength and endurance, and flexibility exercises to improve joint range of motion.

**Description of potential Risks:** I understand that the reaction of the heart, lung, and blood vessel system to such exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart rate, ineffective functioning of the heart, and in rare instances, heart attacks. Use of the weight lifting equipment, and engaging in heavy body calisthenics, can lead to musculoskeletal strains, pain, and injury if adequate warm-up, gradual progression and safety procedures are not followed.

**Description of Potential Benefits:** I understand that a program of regular exercise for the heart and lungs, muscles and joints, has many associated benefits. These may include a decrease in body fat, improvement in blood fats and blood pressure, improvement in psychological function, and a decrease in risk of heart disease.

I have read the foregoing information and understand it; any questions, which may have occurred to me, have been answered to my satisfaction. I understand that I am free to withdraw from this program without prejudice at any time I desire. I am also free to deny answers to specific items to questions during interviews or when filling out questionnaires. The information that is obtained will be treated as privileged and confidential and will not be released or revealed to any person other than my physician without my expressed written consent. The information obtained, however, may be used for a statistical or scientific purpose with my right of privacy retained.

**Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Witness** \_\_\_\_\_ **Date** \_\_\_\_\_

*Vero Beach Pilates*  
**Client Information**

Name:

Address:

***Phone Numbers***

Home:

Cell:

Work:

Email (required):

***Emergency Contact***

Name:

Number:

Relationship:

***Referral Information***

Where did you hear of us from?

Friend/Family member:

\_\_\_\_\_  
Brochure

From:

Walk-in \_\_\_\_\_

- Internet Search
  - Search engine: \_\_\_\_\_
- Online directory: \_\_\_\_\_

- Ad in newsletter: \_\_\_\_\_
- Company Referral: \_\_\_\_\_

## *Vero Beach Pilates*

### **Self-Administered Medical History Form**

Name----- Date-----

Age/DOB-----  
Occupation-----

**Past History**

(Have you ever had?)

Rheumatic fever/heart murmur

High blood pressure

Any heart trouble

Disease of arteries

Varicose veins

Lung disease

Injuries to back

Epilepsy

Diabetes

Operations

**Present Symptom**

(Have you recently had?)

Chest pain/discomfort

Shortness of breath

Heart palpitations

Cough on exertion

Coughing of blood

Back pain

Arthritis/painful joints

Orthopedic problems

**Risk factors**

1. Do you smoke? yes / no

2. Diet

What is your weight now?

\_\_\_\_\_

One year ago? \_\_\_\_\_

Are you dieting? \_\_\_\_\_

**Family History**

(Immediate family/grandparents)

Heart attacks

High blood pressure

High Cholesterol

Stroke

Diabetes

Congenital heart disease

Heart operations

Early Death

Other illnesses

**Medications**

None

\_\_\_\_\_  
*(signature)*

Digitalis preparations

Anti-arrhythmias

\_\_\_\_\_

Diuretics & electrolytes

\_\_\_\_\_  
*(witness)*

Tranquilizers or sedatives

Metabolic-insulin, thyroid

Other: \_\_\_\_\_

**Activity level**

Do you engage in physical activity? yes / no

What type of exercise?  
\_\_\_\_\_

How often?  
\_\_\_\_\_

How many minutes per day?  
\_\_\_\_\_

Is your job sedentary or active?  
\_\_\_\_\_

Do you have discomfort or shortness of breath with moderate exercise? yes / no

What is your main motivation for engaging in physical activity (i.e. enjoyment, weight loss)?  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe your level of well being at this time?  
\_\_\_\_\_  
\_\_\_\_\_

***The undersigned swears that the above information is true and is correct to the best of his/her knowledge.***  
\_\_\_\_\_