HEALTH FORM

CLIENT CONTACT INFORMATION

Full Name	First	Last
Email		
Date of Birth		
Phone Number		
Mailing Address	Street Address	
	Address Line 2	
	City	State / Province / Region
	Zip Code	Country
Emergency Contact	First	Last
	Phone Number	Relationship to Client

I'M INTERESTED IN:

(Check all that apply.)

- ☐ Private Pilates
- ☐ Massage Therapy

GOALS / EXPECTATIONS

What results would you like to achieve through our work together?

HEALTH HISTORY

Please list current symptoms &/or injuries:

Do these symptoms &/or injuries interfere with your daily living activities? Yes /No Explain:

List the medications you currently take:

Are you wearing contacts?

- [ ] Yes
- [ ] No

Are you wearing dentures?

- [ ] Yes
- [ ] No

Are you wearing a hairpiece?

- [ ] Yes
- [ ] No

Are you pregnant?

- [ ] Yes
- [ ] No

Please indicate any of the following health conditions that you currently have:
(Please answer honestly as Pilates/Massage may not be safe for these conditions.)

- [ ] blood clots
- [ ] infections
- [ ] congestive heart failure
- [ ] contagious diseases
- [ ] pitted edema

Have you been diagnosed with any of the following?

- [ ] Diabetes
- [ ] Heart Problems
- [ ] High Blood Pressure
- [ ] Stroke
- [ ] Angina/Chest Pain
- [ ] Anemia
- [ ] Epilepsy/Seizures
- [ ] Neck Pain
- [ ] Back Pain
- [ ] Shoulder Pain
- [ ] Knee Pain
- [ ] Ankle Pain
- [ ] Herniated Disc(s)
- [ ] Scoliosis
- [ ] Osteopenia
- [ ] Osteoporosis
- [ ] Broken Bones
- [ ] Rheumatoid Arthritis
- [ ] Osteoarthritis
- [ ] Tendonitis
- [ ] Bursitis
- [ ] Hernia
- [ ] Headaches/Migraines
- [ ] Vision Problems
- [ ] Hearing Problems
- [ ] Depression
- [ ] Anxiety
- [ ] Allergies

(If yes to any of the above, briefly describe treatment for the condition in the space provided below.)

Treatment:

Please list any surgeries & dates of surgeries:

PURCHASE / RESERVATION POLICIES

- Pilates sessions are 60 min. Massage Therapy treatments are 60, 90, or 120 min.
- Email is the preferred way of scheduling appointments. Payment is due at the time of each session. Cash, checks and credit cards are accepted.
- Purchases are non-refundable but transferable to a friend or family member.

CANCELLATION POLICY

- All cancellations must be made 24-hrs in advance to avoid being charged in full for the time you reserved.
- Regardless of your arrival time, sessions will end at the scheduled time.
- Late cancellations & no-shows will be charged in full.

INFORMED CONSENT

I further understand that Pilates/Massage Therapy should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, physical therapist, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that, as a Certified Pilates Instructor & NYS Licensed Massage Therapist, Kira Lamb is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of a training or treatment session should be construed as such. Because Pilates & Massage Therapy should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep Kira Lamb updated as to any changes in my medical profile and understand that there shall be no liability on Kira Lamb or Kira Lamb, LMT PLLC should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive Pilates training &/or receive massage therapy treatments.

Client Signature		Date
Parent/Guardian Signature (in case of a minor)		Date