

COREdination PILATES

Exercise Limitation Form

Name: _____ Date: _____

Current Movement Activities and Frequency?: _____

Have you ever done Pilates before? Y/N Where?: _____ How long? _____

Please indicate if you have ever been diagnosed with or treated for the following:

Condition	Yes	No	Description/Notes
Spinal: Degenerative Disc Disease, Disc Herniation, Bulging Disc, Spinal Stenosis, Spondylolisthesis, Spondylolysis, Scoliosis, Spinal Fusion	Y	N	
Musculoskeletal Injuries or Disorders: Joint Replacement, Rheumatoid Arthritis, Osteoarthritis, Osteoporosis, Osteopenia, Rotator Cuff Injury, Torn Labrum, Frozen Shoulder, Thoracic Outlet Syndrome, Lateral Epicondylitis (Tennis Elbow), Medial Epicondylitis (Golfers Elbow), Carpal Tunnel, Bursitis, Tendonitis, Piriformis Syndrome, Sacroiliac Joint Dysfunction, Iliotibial Band Syndrome, Pelvic Floor Dysfunction, Pubis Symphysis Dysfuction, Chondromalacia Patella, Patellofemoral Instability, Meniscal Tears, ACL Tears, Plantar Fasciitis, Impingement, Stress Fractures, Shin Splints, Dislocation, Sprains, Pulled, Torn or Strained Muscles, Neuroma, Hernia, Other	Y	N	
Medical Conditions: Heart Disease, Vascular Disorders, High Blood Pressure, Low Blood Pressure, POTS, Vertigo, Meniere's Disease, Gastric Reflux, Glaucoma, Other	Y	N	
Neurological disorders: (Parkinson's, MS, other)	Y	N	
Pregnancy	Y	N	
Other	Y	N	

Please elaborate on any diseases, conditions, injuries, surgeries or medications that you are on that may impact your performance in class or the type of class you should receive?

Please list all contraindications and movement modifications:

Warnings and Emergency Treatment:

I consent that the above information is correct. Should there be any change in my condition, I shall inform the instructor and fill out a new Exercise Limitation form prior to class. I agree not to attend class while under the influence of recreational drugs or alcohol. I will inform the instructor and stop immediately should I feel dizziness, pain or any feeling that may suggest an exercise is causing me a problem. Should I become unconscious, I give permission for the instructor to arrange medical treatment for me.

Signed: _____ Date: _____