

# ***ELT Dynamics***

## Personal Information and Health History

Name \_\_\_\_\_  
Date \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
D.O.B. \_\_\_\_\_  
Referred by \_\_\_\_\_  
In case of emergency:  
Notify \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

| Do you have now, or have you had in the past:   | YES   | NO    |
|---|-------|-------|
| History of heart problems, chest pain or stroke?  | _____ | _____ |
| Increased blood pressure?   | _____ | _____ |
| Any chronic illness or condition?   | _____ | _____ |
| Advice from physician not to exercise?  | _____ | _____ |
| Recent surgery (last 12 months)?  | _____ | _____ |
| Pregnancy (now or within last 3 months)?  | _____ | _____ |
| Muscle, joint or back disorder, pelvic floor<br>or any previous injury still affecting you? | _____ | _____ |
| Diabetes or Thyroid condition?  | _____ | _____ |
| Hernia, or any conditions that may<br>be aggravated by weight bearing activities?           | _____ | _____ |
| Headaches, dizziness, or ringing in ears?   | _____ | _____ |
| Gastric reflux?   | _____ | _____ |
| Glaucoma?   | _____ | _____ |
| Osteoporosis/Osteopenia?  | _____ | _____ |
| Arthritis?  | _____ | _____ |
| Peripheral Neuropathy<br>(numbness/tingling/diminished sensation)?                          | _____ | _____ |

CONTACT INFORMATION: ERIKA LIESCHEN TREANOR, ELT DYNAMICS

+44 790 456 1623

info@eltdynamics.com

www.eltdynamics.com

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If you answered YES to any questions, please explain:

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List all current sports or activities and/or any previous pilates experience:

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List your specific fitness or health goals/aims that you hope to achieve through pilates training:

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How did you find out about ELT Dynamics?

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What brought you to the session today?

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Significant past events/experiences.

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What are your resources (i.e. meditation, sport, reading, food, travel)?

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Sleep patterns?

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Cut Health?

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Personal support (i.e. family member, friend, pet companion, therapist)?

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