

The Studio Health Questionnaire

Please answer the following questions. All information is confidential and will only be used to help your instructor create a personalized program for you.

Name: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone contact: _____ (Home/Cell/Work)

Preferred Email contact: _____

Birth Date: _____ Occupation: _____

Emergency Contact/Relationship: _____

Phone: _____

What specific health or fitness goals would you like to achieve at The Studio?

Physical History

Please note preexisting conditions, including prior accidents, injuries, surgeries, or medical treatments that involve the following (date of onset/duration/severity/location):

- Head/Neck _____
- Shoulder R/L _____
- Elbow R/L _____
- Hand R/L _____
- Lower back _____
- Middle back _____
- Upper back _____

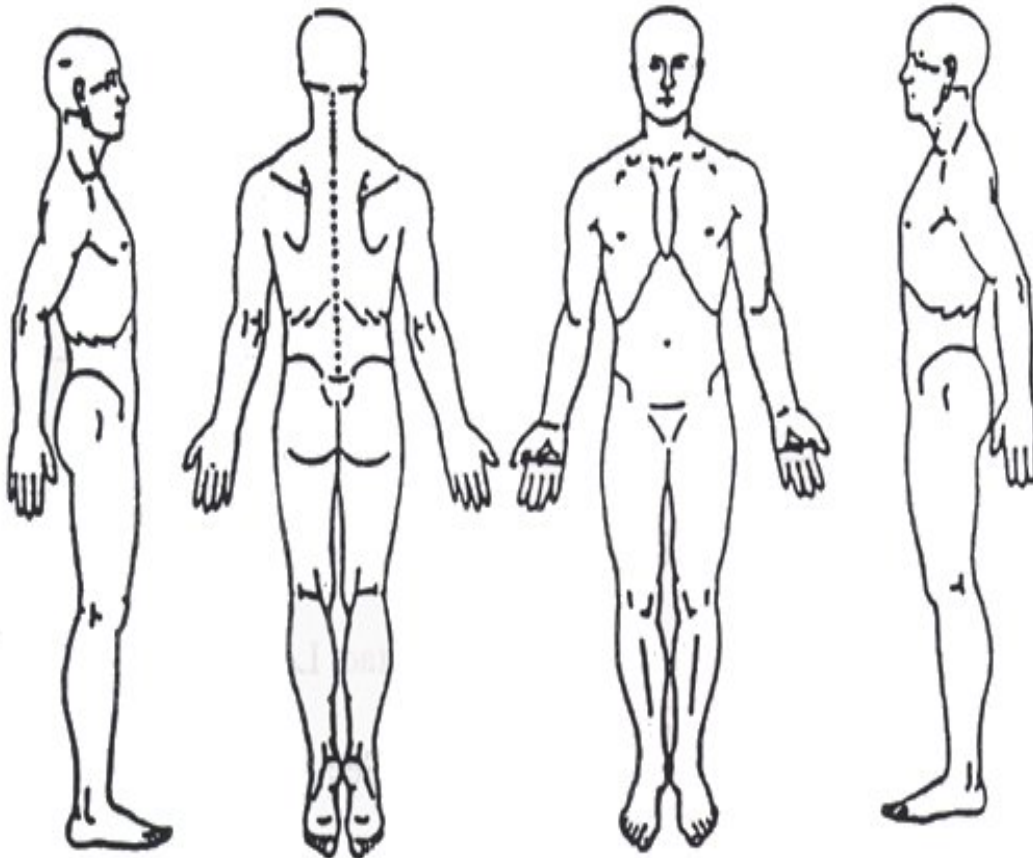
- Rib cage _____
- Abdomen _____
- Pelvis _____
- Hip R/L _____
- SI Joint R/L _____
- Knee R/L _____
- Lower leg R/L _____
- Foot/Ankle R/L _____

Present Physical Condition:

Please describe your present physical condition:

Please list your primary fitness, sports, and recreational activities:

Please note any current injuries or areas of concern on the figures below.



Special Conditions/Considerations:

Please list medications you are taking that might affect your participation in a program of exercise:

Please list any medical conditions that might affect your participation in a program of exercise (pregnancy, diabetes, high blood pressure, seizure disorder, MS, Parkinson's, etc.)

Are you currently seeing a health care practitioner (ND, MD, DC, DO, PT, etc.) for any of these conditions? _____ If yes, has your practitioner/therapist given you any activity restrictions? _____ If yes, please list:

If you would like us to be in touch with your health care practitioner, please provide us with her/his contact information:

Name: _____ Phone: _____

Have you been diagnosed with Osteopenia or Osteoporosis? _____

If yes, please indicate area of body with T & Z scores if known.

_____ *Cervical region (neck)* *T Score* _____

_____ *Lumbar spine (low back)* *T Score* _____

_____ *Hip, right, left or both* *T Score* _____

_____ *Wrist, Right or left or both* *T Score* _____

Do you have a history of falling resulting in fracture? _____ If so, when and what area of the body? _____

-1 T score – Bone density is considered normal

Between -1 and -2.5 - Your score is a sign of osteopenia, a condition in which bone density is below normal and may lead to osteoporosis.

-2.5 and below - Your bone density indicates you likely have osteoporosis.