Elizabeth Rogers Pilates & Physical Therapy, PLLC
3603 S McClellan St | Seattle, WA 98144 | t. 206.535.7356
www.elizabethrogersPT.com

Client Information

Name:	Birth date:	Gender: M or F
Address:		
City:	State:	Zip:
Home #: ( )	Cell #: ( )	Work #: ( )
Email address:		
Is there someone we can thank for your referral?		
Emergency Contact:		
Name:	Phone #: ( )	
Relation:		

Medical History

Have you ever had the following? Circle N or Y or leave blank if uncertain.

Measles	N	Y	Anemia	N	Y	Epilepsy	N	Y
Mumps	N	Y	High Blood Pressure	N	Y	Back Trouble	N	Y
Chickenpox	N	Y	Low Blood Pressure	N	Y	Arthritis	N	Y
Whooping Cough	N	Y	Migraine Headaches	N	Y	Tuberculosis	N	Y
Scarlet Fever	N	Y	Cancer	N	Y	Last Chest X-ray		
Diphtheria	N	Y	Polio	N	Y	Asthma	N	Y
Smallpox	N	Y	Glaucoma	N	Y	Hives or Eczema	N	Y
Thyroid Disease	N	Y	Hernia	N	Y	Aids or HIV	N	Y
Rheumatic Fever	N	Y	Blood Transfusions	N	Y	Infectious Mono	N	Y
Mitral Valve Prolapse	N	Y	Bleeding Tendency	N	Y	Bronchitis	N	Y
Kidney Disease	N	Y	Diabetes	N	Y	Heart Disease	N	Y
Ulcer	N	Y	Hepatitis	N	Y	Stroke	N	Y
Pneumonia	N	Y	Pregnancy	N	Y	Pacemaker	N	Y

Please list any other problems:

Previous hospitalizations/surgeries/serious illnesses:

Medications (including over-the counter medications)**:**

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my health. It is my responsibility to inform the office of any changes in my medical status.

Signature of client, parent or guardian: **Date:**