

**Wilmington Wellness Studio, LLC 910.796.9690**

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Health Screening Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Have you ever been treated by a physician or experienced any of the following conditions?

\_\_\_ heart disease

\_\_\_ high blood pressure

\_\_\_ low blood pressure

\_\_\_ gastric reflux

\_\_\_ glaucoma

\_\_\_ orthopedic/joint (shoulder/elbow/spine/hip/knee) problems

\_\_\_ osteoporosis

\_\_\_ arthritis

\_\_\_ peripheral neuropathy (numbness/tingling/diminished sensation)

Please explain any of the above conditions in greater detail.

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Are you pregnant? Yes \_\_\_ No \_\_\_ Prior deliveries \_\_\_\_\_

Prior surgeries

\_\_\_\_\_

Prior injuries

\_\_\_\_\_

Do you carry a list of your current medications? Yes No

Activity level/exercise frequency at current time?

\_\_\_\_\_

Any prior movement experience? (dance, yoga, Feldenkrais, Pilates, etc.?)

\_\_\_\_\_

\_\_\_\_\_