

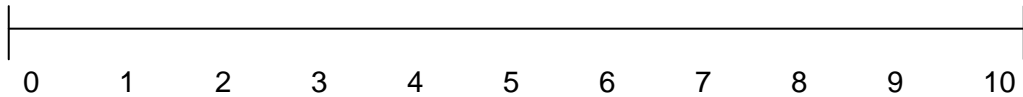


THE LOFT
CONNECT • RESTORE • GROW

Pelvic Health Questionnaire

1. What are your reasons for starting a pelvic health program?

2. What is your current level of pain (0 = no pain; 10 = worst pain)



3. List any limitations you face (e.g. walking, sitting, running, sleeping, laughing)

4. Are you seeing any other health practitioner for your symptoms?

Yes

No

If yes:

Name of Health Practitioner: _____

Contact number of Health Practitioner: _____

The Loft Pelvic Health Specialist will contact your health practitioner for the purposes of:

1. getting accurate details on your condition
2. to communicate the progress of your pelvic health program at The Loft

I have given true information about my pelvic health. I am aware that there are risks in exercising and will not hold The Loft Pilates Studio, its owner or any of its movement therapists responsible for any injuries that may occur. I read and understood the information above:

Client Name (print)

Client Signature

Date