



Today's Date: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Occupation: \_\_\_\_\_

Email \_\_\_\_\_

Referred by: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

What are your fitness or exercise goals? \_\_\_\_\_

List current exercise and activities \_\_\_\_\_

Do you have any prior experience with Pilates? Y or N

If yes, please describe: \_\_\_\_\_

Do you now have, or previously had, any injuries? Y or N

If yes, please describe: \_\_\_\_\_

Has a physician ever restricted your physical activity? Y or N

If yes, please describe: \_\_\_\_\_

Describe your present physical condition: \_\_\_\_\_

List any health concerns by area, indicating L or R side as applicable. Indicate any significant medical treatments and/or conditions (i.e. pregnancy, surgeries, etc.) Describe below.

___ Head	___ Arm/Hand	___ Lower Back	___ Hip/Pelvis
___ Neck	___ Upper Back	___ Ribs	___ Knee
___ Shoulder	___ Middle Back	___ Abdomen	___ Ankle/Foot

\_\_\_\_\_