



Client Name: _____	Date: ____/____/____
Address: _____	City: _____ Zip _____
Phone (Cell): _____	Phone (Home): _____
Emergency Contact: _____	Phone: _____
Email: _____	Birthdate: ____/____/____ Height: _____

How did you hear about our studio?

Do you have any injuries, aches or pains?

Are there any health concerns? e.g. asthma, diabetes, high blood pressure, medication

What are your health and fitness goals?

What is your Pilates experience, if any?

Please describe your job and your hobbies.

Please list any regular body work you receive, e.g., Chiropractic, Massage, etc.

Do you currently have small children?

Have you had surgery in the past 2 years? If yes, please explain.

Are you currently taking any medications? If yes, please explain.

Do you have a history of?

- Fainting Heart Attack Stroke Spinal Injury Head Injury
 Seizure Allergies Headaches/Migraines Back/Neck Pain

Current Medical/Physical Conditions

- Back Trouble Neck Trouble Shoulder Problems Knee Problems
 Joint Problems Asthma Glaucoma Hyper-Hypotension
 Diabetes High Anxiety Bleeding/Clotting Disorder
 Pregnant Breastfeeding Dizziness *uring exercise Scoliosis
 Other medical concerns? Please specify:

Have you been released to exercise by a physician?

- Yes No

