



Client Information

Name: _____ Age: _____ Sex: _____

Address: _____ Town: _____ Zip: _____

Email Address: _____ Date of Birth: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Marital Status: _____

Emergency Contact

Name: _____ Relationship: _____

Telephone Number(s): _____; _____

How did you hear about Pure Pilates?

Pure Pilates Client (Please Specify: _____)

Sponsored Event (Please Specify: _____)

Staff Referral (Please Specify: _____)

Advertisement (Please Specify: _____)

Dr. Jason Levy

Dr. Mark Schlobohm

Dr. Patrick Culligan

Free Intro Postcard

Drive-by / Walk-in

Gift Card Mailer

Internet / Website

Email / Newsletter

Community Auction / Raffle Winner

Health or Injury History: **YES** **NO**

If yes, please explain: _____

I have answered the proceeding questions to the best of my ability. I have understood all the questions asked of me and have been given the opportunity to have any of my concerns clarified to my satisfaction. I further understand that thorough and honest responses to these questions are essential to my safety and for recommendations from my instructor and Pure Pilates.

Signature: _____ **Date:** _____