



For the Athlete in Everyone

WELCOME TO OUR STUDIO

Name: _____ Date: _____

Email: _____ Phone: _____

How did you hear about our studio? Who referred you to us? _____

Do you have any injuries, aches or pains? (recent or old) Please described them. _____

Are there any other health concerns? e.g. asthma, diabetes, high blood pressure, medications? _____

Are you presently doing other kinds of therapy? e.g. massage, PT, chiropractic.. _____

Are you or were you active in sports, exercise programs, physical activity? Please describe. _____

Have you had any past training in pilates, yoga or TRX training? If yes, where? _____

What is your occupation? _____

What are your goals? What do you want most from this program? _____
