



Name:		Date of Birth		
address		Home Phone:		
town		Cell Phone:		
Email:		Occupation		
Preferred Contact Method		How did you hear about us?	Other client? Internet? Walk-by?	Name?

Would you like to receive our occasional emails that contain information about upcoming events and workshops? Yes _____ No _____

Would you like to receive email reminders for your appointments? Yes _____ No _____

Would you like to receive text reminders for your upcoming appointments? Yes _____ No _____
If Yes - Please provide your Mobile Carrier _____

Person to contact in case of an emergency:

Name: _____ Telephone _____

Relationship: _____

1. Will this be the first time you have taken Pilates?

Yes No

2. If No, I have taken Pilates previously at:

Home with a DVD Other studio - equipment
 Other studio – Mat Class Other _____

3. Have you been pregnant in the last 6 months?

Yes No

4. Have you had a child/children?

Yes No

5. If yes, did you have a caesarean?

Yes No

6. Do you have a diastasis recti (separation of abdominal muscles)?

Yes No

7. Does your work/ sport involve any of the following?

Sitting for long periods of time Lifting heavy weights
 Driving Other repetitive action
 Standing

8. Do you experience dizziness or lose your balance when exercising, standing up suddenly, or changing positions?

Yes No

9. Are there any movements that cause you pain?

Yes Describe _____
 No

10. Have you been referred to Pilates by a medical professional?
 Yes No

11. If so – may we contact them?
Name: _____ Number: _____

Health History: *Please check any of the following conditions that apply*

- Back Trouble
- Neck Trouble
- Shoulder Problems
- Hip Problems
- Knee Problems
- Other Joint Problems (wrists, ankles, elbows...)
- Arthritis
- Hypertension (high blood pressure)
- Hypotension (low blood pressure)
- Glaucoma
- Diabetes
- Asthma
- Epilepsy
- Osteoporosis or Osteopenia ?
- I have had a bone density scan in the last 2 years? Finding: _____
- High anxiety
- I am pregnant
- I am trying to get pregnant
- I smoke
- I struggle with depression
- I have had surgery in the last 2 years: _____
- I have other medical concerns: _____
- I am on medication: _____

If any of the above are checked – Please clarify:

12. What are your reasons for starting Pilates?

13. Goals to achieve in the next 6 weeks?

14. Goals to achieve in 12 months?

15. Time you are willing to invest in achieving your goals?

(Goals should be: Specific Measurable Attainable Realistic Time-Framed)

Signature: _____ Date: _____

Name (printed) _____

Initials _____