



Name _____

Date _____

Date of Birth _____

Address _____

Phone _____

Text ok? Yes No

Email _____

1. Do you have any Pilates experience? If so, briefly describe.

2. What specific health/fitness goals do you hope to achieve?

3. What types of physical activities have you done in the past or are currently doing?

- 4a. In general, describe your present physical condition.

- 4b. Do you currently experience pain? If so, please describe.

- 5a. Please list any injuries, surgeries, medical treatments, ailments, pregnancies.

- 5b. Check all body parts that are involved in 4b and 5a and indicate R (right) or L (left) where appropriate:
Head, Abdomen, Shoulder, Arm, Elbow, Hand, Ribs, Upper Back, Mid Back, Low Back, Neck, Hips, Knee, Foot, Ankle

6. Other Comments:

