

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home or Work Phone: \_\_\_\_\_

Profession: \_\_\_\_\_ Referred by:  Website  Other \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you had previous training in the Pilates Method? Yes \_\_\_\_\_ No \_\_\_\_\_

✓	Pre-existing Conditions	If yes, please describe onset/location <u>AND DATES</u>
	Abdominal surgery	
	Arthritis	
	Cancer	
	Headaches/Dizziness/Vertigo	
	Hip, Knee, Ankle, Foot issues	
	Joint replacement	
	Lower back/disc problems	
	Neurological (MS)	
	Osteoporosis/Osteopenia	
	Sciatica/numbness	
	Scoliosis	
	Shoulder, Elbow, Hand issues	
	Upper back/neck problems	

**Are you currently receiving other types of therapy?**

Physical Therapy     Acupuncture     Chiropractic     Therapeutic Massage

**Are you currently active in an exercise program? Please describe.** \_\_\_\_\_

**What would you like to accomplish with your Pilates sessions?** \_\_\_\_\_

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 I UNDERSTAND THAT ALL SESSIONS CANCELLED WITHIN 24 HOURS OF MY APPOINTMENT TIME WILL BE CHARGED THE FULL AMOUNT.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date