## **Pilates**

## **Client Information Sheet**

| •0•0•0•0•0•0•0•0•0   | •0•0•0•0•0•0•0•0•0  |
|--|---|
| Today's Date:  |   |
| Name:  |   |
| Address:   |   |
| Home phone:  |   |
| Email:   |   |
| Birthday/date:   |   |
| Emergency contact:   |   |
| How did you hear about Pilates?  |   |
| How would you like your classes confirmed:   |   |
| - Email:   |   |
| • Phone:   |   |
| •0•0•0•0•0•0•0•0•0   | •0•0•0•0•0•0•0•0  |
| Cancellation Policy  |   |
| Cancellation of a class must be made by 6pm t<br>realize I will need to pay for the class or have it   | he previous day to the class, otherwise l<br>t fore fitted from my package. |
| Signature Signat | Nate  |

## **Pilates**

## 

PLEASE FILL OUT THIS FORM TO THE BEST OF YOUR ABILITIES AND SIGN THE STATEMENT AT THE BOTTOM OF THE FORM. IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO ASK.

| Last Na  | me:  |             | First Name:            |                                     |  |      |
|--|--|-------------|------------------------|-------------------------------------|--|------|
| Sex: Marital Status:Number/Age of children:      |  |             |                        |                                     |  |      |
| Hobbies/Recreational Activities and frequencies: |  |             |                        |                                     |  |      |
| Previou  | s Experience with physical tl                          | іегару      | /Pilates:              |                                     |  |      |
| General  | Health (Check):Excel                                   | lent        | GoodFair               | Poor                                |  |      |
| Reason   | tor coming to Pilates:                                 |             |                        | · · · · · · · · · · · · · · · · · · |  |      |
| E 24 ATT AND THE REAL PROPERTY.                  |  | r Francisco |                        |                                     |  |      |
|  |  |             |                        |                                     |  |      |
|  |  |             |                        |                                     |  |      |
| Previou  | s Injuries:  |             |                        |                                     |  |      |
| Previou  | s Surgeries:   |             |                        |                                     |  |      |
|  |  |             |                        |                                     | lowing (please circle all that apply): |      |
| 73   | Arthritis  |             | Heart Attack           |                                     | Pregnancy (currently)                  |      |
| Ē  | Back Pain  | 5           | Herniated Disk         |                                     | Seizure Disorder                       |      |
| Б  | Bowel/Bladder Changes                                  | 1           |                        | П                                   | Shoulder Impingement                   |      |
| Ü  | Cancer   | ! ]         | Hypoglycemia           |                                     | Stenosis                               |      |
| 17]  | Circulatory Disease                                    |             | Hyperglycemia          |                                     | Thyroid Disorder                       |      |
| Ü  | Diabetes   |             | Numbness or Weakness   |                                     |  |      |
|  | Dizziness  | S           | Osteoporosis           |                                     |  |      |
|  | Fainting Disorder                                      | Ω           | Osteopenia             |                                     |  |      |
| ij   | Heart Disease  |             | Osteoarthritis         |                                     |  |      |
| Other:_  |  |             |                        |                                     |  |      |
|  | · Anything Else That You Feε<br>:                      |             |                        |                                     |  |      |
| I THE U  | :<br>NDERSIGNED, DO HEREBY (<br>FUL AND ACCURATE TO TH | CERTII      | FY THAT I HAVE COMPLET | TED THE A                           | BOVE INFORMATION AND KNOW I            | Т ТС |
| Signatu  | re:  |             |                        | $_{}$ Date                          | · · · · · · · · · · · · · · · · · · ·  |      |