



## CLIENT INFORMATION

Please take a moment to completely fill out this form – Thank You!

(Please print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

May we send you notices about events, specials, etc? Yes No

Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_

How did you hear about us? (check one)

Referral who? \_\_\_\_\_

Internet where? \_\_\_\_\_

Advertisement where? \_\_\_\_\_

Other please indicate \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_

Please explain any health/medical conditions \_\_\_\_\_

Please list surgeries and/or physical injuries \_\_\_\_\_

What prior pilates experience do you have, if any? \_\_\_\_\_

What leisure & physical activities do you participate in regularly? \_\_\_\_\_

What are your fitness and health goals? \_\_\_\_\_