



Today's Date: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Occupation: \_\_\_\_\_

Email \_\_\_\_\_

Referred by: \_\_\_\_\_

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

Why do you want to take pilates lessons? What are your goals? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List current exercise and activities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any prior experience with Pilates? Y or N

If yes, please describe: \_\_\_\_\_

Do you now have, or previously had, any injuries? Y or N

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has a physician ever restricted your physical activity? Y or N

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
Describe your present physical condition: \_\_\_\_\_