



## Client

## Information

Client Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

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

Phone (H) \_\_\_\_\_ (B) \_\_\_\_\_ (Cell) \_\_\_\_\_

How is it best to reach you? Home # \_\_\_\_\_ Bus. # \_\_\_\_\_ Cell

\_\_\_\_\_

Email Address \_\_\_\_\_

I would prefer not to receive email.

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

Relationship \_\_\_\_\_

Have you ever done Pilates before? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

\_\_\_\_ (please initial) Pilates Fitness Center requires 24-hour cancellation of appointments. Failure to provide adequate notice will result in your being charged for the class.

# Physical Health Information

Please check the appropriate boxes below and provide additional information where appropriate. You may be asked to obtain a doctor's release prior to beginning an exercise program at PFC.

**Check if you currently have/or have had the following conditions.**

Neurological Disorders (ie. Parkinson's, MS, etc.)

\_\_\_\_\_

Spinal Disorders (ie. disc degeneration, joint issues, etc.) – Present or Past

Any Spinal Surgeries – Explain \_\_\_\_\_

Any Fractures – Describe \_\_\_\_\_

Circulatory Issues

Orthopedic Problems – Joints/Skeletal/Muscular

Heart Problems

High Blood Pressure

Osteoporosis/Osteopenia

Glaucoma – Other eye disorders \_\_\_\_\_

Scoliosis

Respiratory Problems (ie. Asthma, other) \_\_\_\_\_

Whiplash

Cancer

Other conditions (please explain)

\_\_\_\_\_

\_\_\_\_\_

—

Surgeries\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Discuss your goals

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_