



CLIENT PROFILE

Welcome to The Pilates Body Movement Studio.

Please answer the following questions to better inform your instructor with the valuable Information needed to structure an individual session based on the BASI™ philosophy.

Name: _____ Date : _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

E-mail: _____ Birth Date: _____

Occupation: _____

Emergency Contact: _____ Phone: _____

1. What specific fitness or health goals do you hope to achieve through the Pilates Body?

- Strengthen Muscles Stress Reduction Work Target Area: _____
 Mind/Body Connection Balance/Flexibility Other: _____
 Medical Reason: _____

2. List all current and any meaningful previous activities.

- Yoga Aerobics/etc. Skiing Biking Hiking Running
 Weight Lifting Swimming Climbing Dance Walking Other
 Pilates **Previous Number of Pilates Sessions:** _____ **With Whom?** _____

3. Describe your present physical history.

Injuries/Surgeries: _____

Ailments/Illnesses: _____

Are you Pregnant/Past Pregnancies: _____

Other: _____

4. Describe your physical condition: Poor Fair Good Excellent

5. How did you find out about The Pilates Body Movement Studio? If applicable, please include the name of the person who referred you. (Friend, doctors, physical therapists, etc.)

Newspaper Internet Phone Book Friend _____ Other _____

6. Are you currently under the care of the following:

_____ **Physical Therapy, if so Name** _____

_____ **Chiropractic Care, if so Name** _____

_____ **Massage or other bodywork, if so Name** _____

DISCLAIMER

I understand the various risks associated with an exercise program and it is my desire to participate. I have not withheld any relevant information regarding my physical condition, which may affect me during or following a session. I agree the instructor is not responsible for any injuries sustained by me during my exercise sessions. I hereby release The Pilates Body Movement Studio™, the instructor from any responsibility.

CLIENT SIGNATURE

DATE

CANCELLATION POLICY

I understand The Pilates Body requires a 24hr cancellation notice for all appointments.

CLIENT SIGNATURE

DATE