



Welcome to The Pilates Studio. This form will help us understand you, your body and your health & fitness needs. Complete, and we will create a Pilates practice that's right for you!

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Occupation \_\_\_\_\_

What specific fitness or health goals do you hope to achieve through the Pilates Method?

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

List all current and previous activities/sports.

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

Describe your present physical condition; include any medications you may be taking.

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

Describe your physical history; including Injuries/Surgeries

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Ailments/Illnesses

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Pregnancies

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Please check the areas of your body that are problematic.

\_\_\_\_\_ Head \_\_\_\_\_ Neck \_\_\_\_\_ Shoulder \_\_\_\_\_ Arm/Hand \_\_\_\_\_ Upper Back  
\_\_\_\_\_ Middle Back \_\_\_\_\_ Lower Back \_\_\_\_\_ Ribs  
\_\_\_\_\_ Abdomen \_\_\_\_\_ Hip/Pelvis \_\_\_\_\_ Knee \_\_\_\_\_ Ankle/Foot

Please explain the areas checked below:

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How did you hear about The Pilates Studio? \_\_\_\_\_

Thanks!

