

# PilatesforLife

The Tradition and Method of Joseph Pilates

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Age \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home or Work Phone \_\_\_\_\_

Have you ever done Pilates before? If yes, when and where?

\_\_\_\_\_

What does your current weekly exercise routine consist of?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your goals for Pilates? What changes would you like to make?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any accidents, falls, broken bones, surgeries and chronic conditions/ please include dates

\_\_\_\_\_

\_\_\_\_\_

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Please list any medications

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What else would you like me to know about you?

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How did you find the studio? If referred, who referred you?

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Please sign \_\_\_\_\_

Date signed \_\_\_\_\_