Client Information

Personal Details - PLEASE PRINT CLEARLY

Date:___/___/_20___ Full Name:_____

Phone Number:_____ Occupation:_____

Address:_____

Email: _____ (Be honest as this is where I will inform you of important information and offers if you are interested)

D:O:B: ____/____/_____ (year is not necessary, however if you'd like a special Birthday gift from me please complete say and month).

Emergency Contact:

Name:_____ Relationship:_____

Phone:_____

Medical History:

Do you currently have any injuries? Y/N Details if Y:_____

_____

Have you ever had any major surgeries of injuries? Y/N Details if Y:_____

_____

Are you currently taking any medications that may effect your ability to exercise? Y/N Details if Y:

_____

_____

Are you pregnant? Y/N If yes, when is your due date?_____

Do you or have you ever suffered from any of the following conditions which may effect your ability to exercise? (If yes please provide deatils)

- ☐ Heart Diesase/Condition
- ☐ Asthma
- ☐ Arthritis
- ☐ Fibromyalgia
- ☐ Osteoporosis
- ☐ Stroke
- ☐ High/Low blood pressure
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Hernia
- ☐ Multiple Sclerosis
- ☐ Scoliosis/Kyphosis
- ☐ Back Injury
- ☐ Other (please give details)

_____

_____

_____

Fitness Details:

Have you previously practiced Pilates? Y/N If yes, how long have you been practicing?

_____

Would you say you were a Beginner Intermediate Advanced practitioner.

Do you partcipate in any other forms of exercise or sport? Y/N

Details:_____

_____

Please advise the instructor before each class if any of the above information changes. It is always recommended to consult a doctor before beginning any new form of physical activity.
I acknowledge that I have completed this form truthfully & accurately.

Signature:_____ Date: _____/_____/_20___