



inspire health

**pilates new client form**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

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

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

Email \_\_\_\_\_

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

Primary Care Physician \_\_\_\_\_

Do you have any injuries, aches, pains? (recent or old?) Please describe: \_\_\_\_\_

\_\_\_\_\_

Are there any other health concerns? (e.g. asthma, diabetes, high blood pressure, surgeries, medications...)

\_\_\_\_\_

Are you presently undergoing any type of therapy? (e.g. massage, PT, chiropractic, acupuncture...)

\_\_\_\_\_

Are you or were you active in any sports, exercise programs, physical activity? Please describe and list frequency:

\_\_\_\_\_

Have you had any past training in Pilates? \_\_\_\_\_ If yes, where? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

What does your day typically involve physically? \_\_\_\_\_

\_\_\_\_\_

What are your goals? What do you hope to gain from this program? \_\_\_\_\_

\_\_\_\_\_

How did you hear about our studio? Who referred you to us? \_\_\_\_\_