

WELCOME!

Thank you for taking the time to fill out this document so that we may serve you better...

PERSONAL DETAILS:

NAME: _____ DATE: _____

ADDRESS: _____

DOB: _____ EMAIL: _____

PHONE: _____

EMERGENCY CONTACT NAME & NUMBER:

PLEASE SELECT YOUR CURRENT EXPERIENCE WITH PILATES AND YOGA:

- I have not tried Pilates or yoga before
- I have a little experience with either Pilates or yoga
- I'm experienced with Pilates but not familiar with the reformer
- I'm experienced in all Pilate's modalities

WHAT ARE YOUR GOALS THAT WE CAN ASSIST YOU WITH? (please circle all that apply)

STRESS RELIEF/MANAGEMENT	IMPROVE OVERALL FITNESS/STRENGTH	REHABILITATION
BUILD SELF-CONFIDENCE	INCREASE TONE & FLEXIBILITY	IMPROVE BALANCE
QUIT SMOKING	MAINTAIN HEALTH	INCREASE ENDURANCE

WHAT OTHER WELLNESS ACTIVITIES DO YOU PARTAKE IN?

PLEASE SHARE WITH US ANY INJURIES (PAST OR PRESENT) THAT YOU MAY HAVE:

MEDICAL CONSIDERATIONS

It is our professional duty of care to ask all participants regardless of age, to complete the following:

Has anyone in your family under 60 suffered heart disease, stroke or sudden death?

YES NO (please circle)

If yes, please explain: _____

If you have circled yes, please take this form to your doctor and ask for a clearance to exercise, or sign below if you already have the above condition cleared with your doctor.

SIGNED: _____ **DATE:** _____

Are you on a prescribed medication?	YES	NO
Are you taking over the counter medication?	YES	NO
Do you smoke cigarettes?	YES	NO
Have you been hospitalized recently?	YES	NO
Are you pregnant or attempting to fall pregnant?	YES	NO
Are you fasting or dieting?	YES	NO
Do you have any known illnesses/diseases that we should be aware of?	YES	NO

STATEMENT

I recognize that the instructor is not able to provide me with medical advice with regard to my fitness and that this information is used only as a guideline to the limitation of my ability to exercise. I have answered the questions to the best of my ability.

The information contained within this document will be treated as confidential and will not be released without my written consent.

SIGNED: _____ **DATE:** _____