



simply pilates

Client Information

Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail Address _____ Occupation _____

Date of Birth _____

How did you hear about Simply Pilates (please circle)

internet: Google Bing Yahoo Yelp Facebook Other _____

friend: _____

drive-by

other: _____

Name in case of emergency: _____ Phone: _____

This questionnaire has been designed to give your certified classical pilates instructor an understanding as to how your present body condition affects your ability to manage in everyday life.

Do you exercise regularly? Y/N
If yes, what sort of activity and how often?

Do you travel often? Y / N
Are you on the phone a lot? Y/N
Do you sit at a computer? Y / N

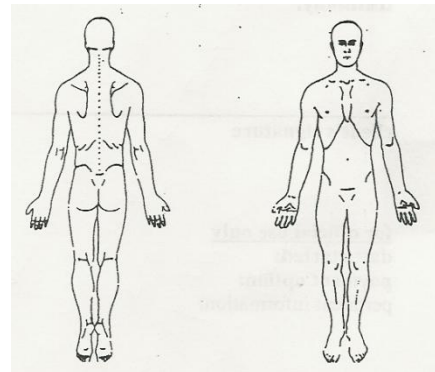
Do you consider yourself active Y/N

Do you feel pain in any part of the body from exercise at the present time? Y / N

How many days a week do you exercise?
1 / 2 / 3 / 4 / 5

Please use the body chart to circle any areas of discomfort.

Has a health care practitioner (MD,DO, DC, etc.) placed any restrictions on how you move? (i.e. – no lifting, no arching) Please be specific.



Do you have experience with the Pilates method? If yes, with whom and for how long?

Do you have any injuries or physical conditions which limit your ability to exercise? Please be specific.

Signature _____ Date _____