the Movement Studio® Pilates

Print Form

Reset Form

Client Information Form

Date _____

Welcome to **The Movement Studio**. It is our mission to empower you to be in control of your own health and well-being through the Pilates Method. To better serve your health and fitness needs we ask that you please take a few minutes to complete this form. Thank you.

Name _____ Birth Date _____

Address _____ City _____

Email address _____ Postal _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Emergeny Contact _____

Contact Number _____

Occupation _____

1. What specific fitness or health goals do you hope to achieve through the Pilates Method?

2. List all previous and current activites / sports.

3. Describe your present physical condition

4. How did you find out about The Movement Studio or who referred you.

5a. Have you ever seen our:

- ☐ Georgia Straight Ad
- ☐ Yellow Pages Ad
- ☐ Sandwich Board Sign

5b. What is your favourite internt search engine?

_____

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Name: _____

6. Describe your physical history, listing injures, ailments, illnesses, surgeries, pregancies, and any significant medical treatments. Check all body parts ant are involved. Where appropriate, please specify Right (R) or Left (L)

☐ Head	☐ Ribs
☐ Neck	☐ Abdomen
☐ Shoulder	☐ Hip / Pelvis
☐ Upper Back	☐ Knee
☐ Middle Back	☐ Ankle / Foot
☐ Lower Back	☐ Arm / Hand

☐ Yes ☐ No Epilepsy

☐ Yes ☐ No Heart disease

☐ Yes ☐ No Headaches or Migranes

☐ Yes ☐ No Fainting / Dizziness

☐ Yes ☐ No Cysts

☐ Yes ☐ No Arthritis

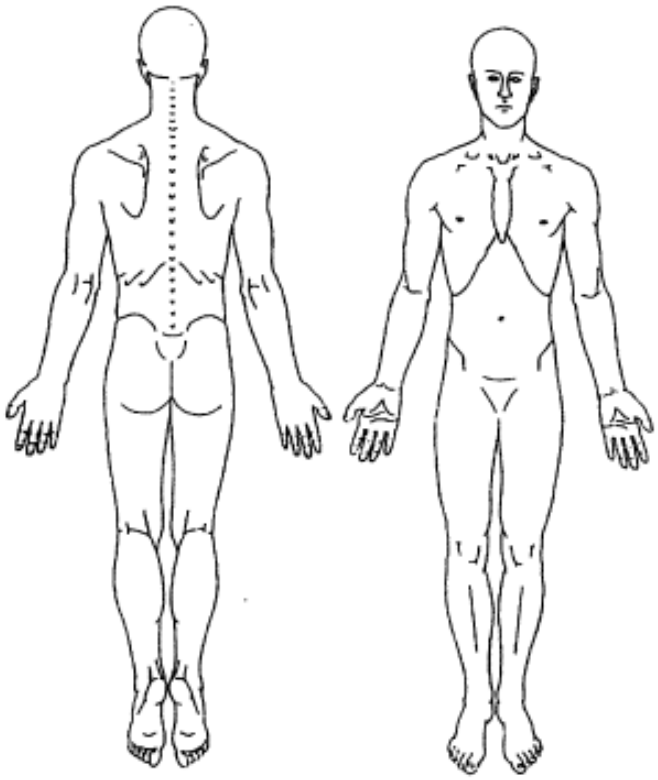
☐ Yes ☐ No Leg cramps

☐ Yes ☐ No Stiff / Painful joints

☐ Yes ☐ No Fainting / Dizziness

Blood Pressure: ☐ Hi ☐ Low ☐ Normal

Describe Sleep Pattern:



Please indicate problem areas on diagram

7. Comments *(for instuctors only)*

8. Are there specific caregivers / bodyworkers you would like us to coordinate with? Please provide names and contact details.

I _____ do authorize The Movement Studio to contact those individuals listed above.

Signature _____ Witness _____ Date _____