

PILATES PLUS FITNESS

Information Request

Name: _____ Sex: M F Age: _____

Address: _____ State: _____ Zip: _____

Main Phone: _____ Cell: _____

Email: _____

Emergency Contact:

Name: _____ Phone: _____

Please list any injuries or conditions that may limit to any degree your ability to participate in Reformer or Fitness classes.

Are you currently participating in any exercise/sports/physical activities? If so, please give details.

Do you experience any physical discomfort during daily activities? If so, please give details.

Have you had any previous experience with Pilates? YES NO

Have you had any of the following? If so, please give details and approximate dates.

Surgeries: _____

Broken bones: _____

Dislocations: _____

Torn muscles: _____

Physical therapy: _____

Please list any and all medications you are currently taking.

Fitness goals: _____

Please sign: _____ Date: _____

Please Print: _____