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Please answer each of these questions as accurately as you can. Please print legibly. Should you have any questions, feel free to ask. Your responses will be treated in a confidential manner.

Date: _____

Name: _____

Nickname: _____ **Date of Birth:** Month: _____ Day: _____ Year: _____

Street Address: _____

City: _____ **State:** _____ **Zip code:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Preferred Contact Method (circle one): Home phone Cell phone Email Text

Emergency Contact Information:

Name: _____

Relationship: _____ **Phone Number:** _____

How did you hear about us (if referred, please provide us with the person's name):

Please list any medications you are on (include over the counter as well as prescription):

Please list any allergies:

Have you had any broken bones or surgeries in the last 5 years? If yes, please explain:

Do you currently exercise? Yes No If yes, what activities and where:

What activities are you interested in (circle all that apply):

Fitness Assessment Indoor Cycle Barre/Toning Pilates Yoga Weights/Personal Training

Your Availability (indicate days and times):

What are your goals?

For office use:
