



WELCOME TO MY STUDIO!

THRIVE PILATES STUDIO
Tracy Nielsen – Owner
Sanford Wellness Center – 49th and Oxbow
Sioux Falls, SD
Cell – 605-351-8786

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NAME _____ **DATE** _____

ADDRESS/PHONE/EMAIL _____

How did you hear about the studio?

Do you have any injuries, aches, or pains? (recent or old) Please describe them.

Are there any other health concerns? IE – asthma, diabetes, medications...

Are you presently doing other kinds of therapy? IE – massage, chiro, physical therapy...

Are you active in sports, exercise programs, etc? Please describe.

Have you had any past training in the Pilates method? If yes, where?

What is your occupation? What does your typical day involve physically? IE – sitting, lifting...

What are your goals? What do you want to gain most from this program? (you may use the back of form)