

*PARKSIDE PILATES with LAURIE SITTERDING*  
**NEW CLIENT QUESTIONNAIRE**

- 1. What is your current activity level?** (e.g. mostly sedentary, bike occasionally, walk 2x/week, spin class 1x/week, go to the gym 2x/week, etc.)
- 2. What is your occupation? What does a typical day involve for you physically?** (e.g. sitting at a computer all day, lifting heavy objects, standing for 8 hours, etc.)
- 3. Do you have any past/current injuries, aches, or pains? If yes, please describe:**
- 4. Any history of major or minor surgeries that affect your fitness? Please list, with approximate date(s). Remember to include** metal implants, joint replacements, spinal fusions, or the like, that I should know about.
- 5. Do you have any medical conditions that I should be made aware of?** (e.g. high/low blood pressure, vertigo, glaucoma, heart conditions, arthritis, osteoporosis, etc.)
- 6. Have you ever practiced Pilates before? If yes, was it motor equipment Pilates? If yes, where and when, and what style was it?** (e.g. Classical, contemporary, group sessions at a gym or club, private sessions at a boutique studio, etc.)

**7. What do you hope to achieve most by practicing Pilates? What are your goals?**  
(e.g. general strengthening, pain relief (where?), improved balance, improved posture, stress relief, flexibility, improved form and understanding of Pilates moves, to help with a specific injury or condition, etc.)

**8. Which parts of your body are usually the tightest and/or need the most pain relief?** (e.g. hips, low back, shoulders, neck, etc.)

**9. What area(s) of your body would you like to tone the most?**

**10. How did you hear about me? Did someone refer you? If yes, who?** (So I may thank them!)

**11. Is there any other information that you think would be helpful for me to know before we begin to work together?**