



Client Information Form

Welcome to Every Body Pilates. Please fill out the following Health History form for us to better serve you. We hope you enjoy Every Body Pilates.

Last Name:_____ First Name:_____

Gender: Male or Female (Please Circle) Date of Birth:_____

Home Address:_____

Primary Phone:_____ E-Mail:_____

Would you like to receive our newsletter/promotions via email? Yes or No

Emergency Contact:_____ Phone:_____

How did you hear about us?_____

Please tell us about your Pilates Experience/Goals:_____

What is your current activity/exercise level?_____

Have you ever been treated by a Physician for: (Please Circle)

Arthritis
Fibromyalgia
Glaucoma
High Blood Pressure
Bulging Disc
Stenosis
Rheumatoid Arthritis

Chronic Fatigue Syndrome
Facet Joint Syndrome
Heart Disease
Hip Replacement
Multiple Sclerosis
Osteoporosis

Diabetes
Gastric Reflux
Herniated Disc
Joint Problems
Spondylolisthesis
Peripheral Neuropathy

Other:_____

For Women; Are you pregnant? Yes or No

Please list all previous surgeries, any injuries and fractures, and all trauma (even minor):

I THE UNDERSIGNED, DO HEREBY CERTIFY THAT I HAVE UNDERSTOOD AND COMPLETED THE ABOVE INFORMATION AND KNOW IT TO BE THRUTHFUL AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Client Signature:_____ Date:_____