



CLIENT INFORMATION

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home # _____ Work# _____ Cell# _____

Fax# _____ E-Mail Address: _____

Age _____ Birth date _____ Gender _____

Occupation? _____ How many hours a week do you work? _____

Contact in Case of Emergency: _____ Phone# _____

Physician: _____ Phone# _____

Are you currently doing rehabilitation? _____ If so, please describe: _____

Have you ever done Pilates before? YES or NO

If so, when and where: _____

How did you find out about us: _____