



Client Information Form

Welcome to The Scoop-A Pilates Studio. To better serve your health and fitness needs, we ask that you please take a few minutes to complete this form. Thank you.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work: _____

Home Phone: _____

Email: _____

Birthday: _____

1. What specific fitness or health goals do you hope to achieve through the Pilates method?

- Lose Weight Strengthen Muscles Balance
 Mind/Body Connection Stress Reduction Other _____
 Medical Reason: _____

2. List all current and any meaningful previous activities.

- Yoga Aerobics Skiing Biking Hiking Running Golf Other _____
 Weight Lifting Swimming Climbing Pilates Walking Dance

3. Describe your present physical condition: Fair Good Excellent

4. Describe your physical history:

Injuries/Surgeries: _____

Aliments/illnesses: _____

Pregnancies: _____ Other: _____

Please specify which areas of your body were affected. Right (R) or Left (L)

- Head Arm/Hand Lower Back Hip/Pelvis Neck Shoulder
 Upper Back Ribs Knee Mid Back Abdomen Ankle/Foot

5. How did you find out about The Scoop-A Pilates Studio?