

# Pilates Registration Form

## General Client Details

Client Name:

Date of Birth:

Address:

Postcode:

Home tel:

Work tel:

Mobile:

Email:

Gender:

GP Name & Address:

Please state how you heard of this Pilates Class:

## Pilates Aims

Why have you decided to commence Pilates?

What aspect of your health would you like to concentrate on?

Core stability

Flexibility

Posture

Toning

Strength

Stress Management

Relaxation

What are the three main aims that you are hoping to achieve with your Pilates program?

1

2

3

Have you ever done Pilates before? *If yes, please give brief details:*

## Lifestyle

What is your occupation?

Does your occupation involve any repetitive movements or prolonged postures? *If yes, please briefly explain:*

What other sports and hobbies are you involved with?

Assessed by: