



Name: _____ Date: _____

Address: _____

Work Phone: _____ Home: _____ Cell Phone: _____

Email: _____ How did you hear about us: _____

Occupation: _____ Referred by: _____

Date of Birth: _____ Weight: _____ Height: _____

Gender: Male Female

1) Were you referred by a Physician? Yes No Circle one. If yes -

Physician: _____ Physical Therapist: _____

Have you ever done Pilates before? Yes No *If yes, what kind? Mat Reformer All Equipment*

What is your ideal workout schedule? # per week _____ Best days/times: _____

2) Please describe your current fitness program.

3) Please describe any pain you are having (back, hip) and give the history of this pain including treatment.

4) Has a doctor given you a diagnosis for this injury? _____

5) Are you under low, medium or high stress? _____

6) What are your primary objectives for joining the Studio Verve Pilates Program?

7) How soon would you expect to see results? _____

8) What kind of a time commitment do you want to make to achieving these objectives?

9) Would you like to change your current weight? Yes No

If yes, how much would you like to lose or gain? _____

Would you be willing to keep a food diary? Yes No

Studio Verve Pilates Client Profile & Waiver

Do you now or have you had:

History of heart problems, stroke, or chest pain?
 Yes No

Cigarette smoking habit (#_____ per day)
 Yes No

History of heart problems in your family?
 Yes No

Drink alcohol (#_____ per day)
 Yes No

High blood pressure?
 Yes No

Weight problem (10 or more lbs overweight)
 Yes No

Any chronic illness or condition?
 Yes No

Increased blood cholesterol?
 Yes No

Difficulty with physical exercise?
 Yes No

Take vitamins and minerals?
 Yes No

Advice from a doctor not to exercise?
 Yes No

Maintain a healthy diet?
 Yes No

Surgical history?
 Yes No

Do you have poor posture?
 Yes No

Arthritis, bursitis or tendonitis?
 Yes No

Excess fatigue or stress?
 Yes No

Pregnancy?
 Yes No

Please provide details to any question that you answered "yes"

History of breathing or lung problems?
 Yes No

Diabetes or thyroid condition?
 Yes No

I, _____ voluntarily consent to engage in a fitness program with The Studio Verve Pilates. I understand that in rare instances physical exercise causes dizziness, chest discomfort, nausea, joint or muscle soreness. I agree to assume all risks involved and hereby release all employees/staff from any and all health claims, suits, losses, or causes of action for damages, injury or death, including claims for negligence, arising out of or related to my participation in a fitness program or assessments. I have read the foregoing carefully, and I understand its content. Any questions that may have occurred to me concerning this informed consent have been answered to my satisfactions.

Signature: _____ Date: _____

Witness: _____ Date: _____