



Welcome to Excel Movement Studios. To better serve your fitness needs, we ask that you please take a few minutes to complete this form. Thank you.

Name _____ Date _____
Home Phone () _____ Work Phone () _____
Birth Date _____ Occupation _____
May we have your email address? _____

1. Describe your physical history, listing injuries, ailments, illnesses, surgeries, pregnancies, and any significant medical treatments. Check all body parts that are involved. Where appropriate, please specify right (R) or left (L).

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

2. Describe your present physical condition, include any medications you may be taking.

3. List all previous and current activities/sports.

4. What specific fitness or health goals do you hope to achieve through the Pilates Method of Body Conditioning?

5. How did you find out about the Pilates Method of Body Conditioning at Excel Movement Studios?

Empower Your Body/Empower Your Mind @ The Pilates Method of Body Conditioning
3407 8th Street, NE, 2nd Floor, Washington, DC 20017 (202)269-3020

For Staff Use Only

_____ *Studio Guidelines given
signed*

_____ *Waiver of Liability and Informed Consent Release completed and
signed*