



Client Information

Welcome to Pilates of Annapolis at Excel Movement Studios, Inc. 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 () _____
Cell Phone () _____ Birth Date _____
Emergency Contact () _____, name/relation _____
Occupation _____
Email address for studio updates: _____

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 hear about our studio?

Empower Your Body/Empower Your Mind ®
2001 Tidewater Colony Drive #101, Annapolis, MD 21401, 410-897-0550

For Staff Use Only

_____ *Studio Guidelines given* _____ *Waiver of Liability and Informed Consent Release completed & signed*