

Mindful Pilates Studio

Name: _____ Date: ____/____/____

Cell number: _____ Email address: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Referral Source: _____

Current fitness program: _____

List any types of exercises you can no longer do due to illness or injury: _____

List any treatment you have received for this pain (include where/when): _____

Circle any that apply to you: PREGNANCY, OSTEPOROSIS, OSTEOPENIA, SCOLIOSIS, STENOSIS, HIP REPLACEMENT, SPONDYLOLISTHESIS, SHOULDER INJURY, BACK INJURY, HIGH BLOOD PRESSURE, LOW BLOOD PRESSURE, DIASTASIS RECUS ABDOMINUS, TENDONITIS, ARTHRITIS, BURSITIS

List any chronic illness, condition, and/or injury: _____

List any difficulty with physical exercise: _____

List any advice from a doctor or physical therapist not to exercise: _____

List any recent surgeries: _____

YOUR SIGNATURE BELOW ACCEPTS THAT YOU ARE AWARE OF THE INHERENT DANGERS OF UNDERTAKING AN EXERCISE PROGRAM AND THAT YOU WILL NOT HOLD MINDFUL PILATES STUDIO RESPONSIBLE SHOULD ANY INJURY OR LOSS OCCUR.

YOUR SIGNATURE BELOW ACCEPTS THAT YOU UNDERSTAND MINDFUL PILATES STUDIO'S CANCELLATION POLICY. PLEASE GIVE 24-HOUR NOTICE TO CANCEL ANY EXISTING APPOINTMENT. FAILING TO DO SO WILL RESULT IN THE FULL SESSION FEE. ALL SESSIONS ARE BY APPOINTMENT ONLY AND PAYMENT MUST BE MADE PRIOR TO OR AT THE TIME OF THE SESSION. ALL PURCHASES ARE NON-REFUNDABLE.

YOUR SIGNATURE BELOW ACCEPTS THAT MINDFUL PILATES STUDIO IS NOT RESPONSIBLE FOR YOUR PERSONAL BELONGINGS ON THE PREMISES.

Signature: _____ Date: ____/____/____