

Today's Date _____

Are you here for a ___ Private Session or ___ Mat class?

CONFIDENTIAL CLIENT INFORMATION

Name: _____ Day Phone _____

Address _____ Eve Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Email _____

We do NOT share our email list. We use email to confirm appointments, and to notify you of special promotions and events.

We will call or email you the day before your appointment as a complimentary reminder. How would you like to be reminded? CHOOSE ONE

___ Email ___ Day Phone ___ Evening Phone ___ Cell Phone ___ Please do not remind me

How were you referred to us?

___ Friends/Family. Who: _____ ___ Ad or news article. Where? _____

___ Internet: ___ Our web site ___ Web search ___ Telephone book. ___ White pages ___ Yellow pages

___ Other? _____

Thank you!

Occupation: _____ Date of birth: _____ M / F

How many hours a day do you sit ___ walk ___ stand ___ lift ___ ?

Do you exercise regularly? Y / N If yes, what sort of activity and how often?

Do you have any injuries or physical conditions which limit your ability to exercise? Y / N

If so, what are they? _____

Has a healthcare practitioner placed any restrictions on how you move? (no lifting, no arching, etc.)?

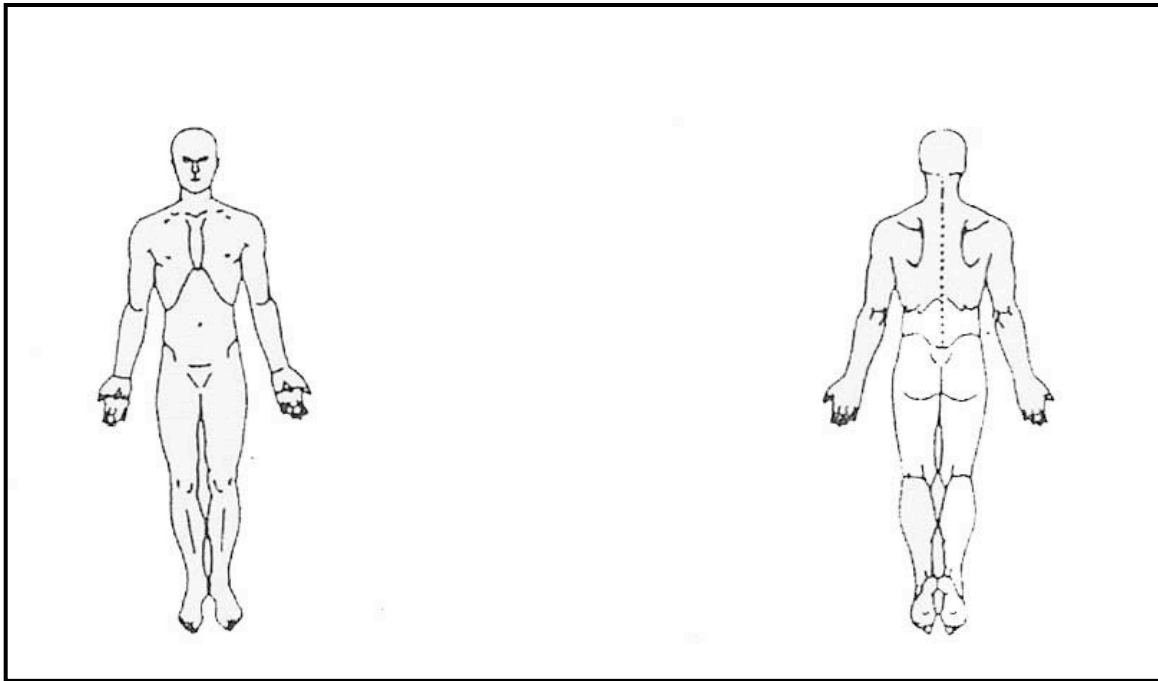
If so, what are they? _____

___ Reviewed by teacher ___ Referral noted ___ File updated

CONTINUE ON NEXT SIDE, PLEASE

Have you had any recent accidents or previous surgeries? _____

Use the body chart to circle any areas of pain or discomfort.
Please rate pain on a scale of 1-5: 1= uncomfortable, 3= painful, 5= debilitating



Do you have experience with the Pilates method? Y / N If yes, with whom and for how long?

I understand that I am financially responsible for payment of my Pilates session on the day of the appointment. I agree to give 24 hours notice for the cancellation for all appointments, and understand that if I do not give 24 hour notice, I will be charged for the missed session.
I understand that if I arrive more than 30 minutes late for a session, without calling, I will forfeit and be charged for that session.

SIGNED

DATE

PILATES LIABILITY RELEASE

I understand that the process of doing Pilates may involve dialog, questions regarding my history, previous injuries, current status, etc., and that my clear and complete responses to these questions will determine the quality and safety of the exercises.

I understand that Pilates involves unique equipment that I may not be familiar with; that the equipment is constructed of moving parts, springs, and levers; and that the movement of my body and the apparatus could result in the possibility of my falling or being trapped by the moving parts. I understand that my clear and focused involvement is necessary for my physical improvement and safety.

The instructor may move me or ask me to move my body in ways that are new to me, and it is possible that in these movements pain or injury may occur or be exacerbated. I understand that it is my responsibility to communicate clearly and promptly with my instructor, telling the instructor of any pain, discomfort, medical findings, or physical limitations.

I recognize and understand that it remains my sole responsibility, with or without outside medical evaluation, to determine my fitness for participation in Pilates.

I recognize and understand that there are risks of physical injury inherent in participation in any physical exercise program and that those risks are increased with the use of exercise equipment, particularly the unique equipment used in Pilates instruction. I also understand that exercise equipment, particularly the moving parts, may be subject to fatigue or other wear and tear that may not be readily apparent to the user or to the Pilates Studio. I knowingly assume the risks involved in taking Pilates instruction, using Pilates equipment and exercising at this location.

In consideration of my participation I hereby waive any right to sue The Pilates and Physical Therapy Center of Seattle, d/b/a The Pilates Studio of Seattle, its instructors, employees, and agents, and release them from any future claim resulting from accident or ordinary negligence that I or my estate, heirs or assigns may have for property damage or personal injury, including wrongful death. I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Washington.

SIGNED: Client

DATE

PRINTED NAME