



HILLS PILATES STUDIO INTAKE FORM

Welcome to the Hills Pilates Studio! Please take a moment to fill out the questions below.

Name: _____ Date: _____

Date of Birth: _____ Cell Phone: _____

Email address: _____ Member? Y _____ N _____

Please provide a credit card for payment for services today (we accept VISA, MasterCard, American Express):

_____ Exp. Date: ____/____ Verification Code: _____

For Group Class Sign up, please choose one:

I would like to pay for a Drop-in session for Reformer/Small Group: (\$40/\$42.50): _____

I would like to purchase a 4 – pack for Reformer/Small Group: (\$140/\$150) _____

I would like to purchase a 10 – pack for Reformer/Small Group: (\$325/\$350) _____

1. How did you hear about our studio? _____

2. Do you have any injuries, aches or pains? (Recent or old). Please describe them. _____

3. Are there any health concerns? e.g. asthma, diabetes, high blood pressure, medications... _____

4. Are you presently doing any kind of therapy? e.g. massage, physical therapy, chiropractic... _____

5. Are you or were you active in any sports, exercise program, physical activity? Please describe:

6. Have you had any past training in the Pilates method? If yes, where and for how long? _____

7. What is your occupation? What does a typical day involve physically? e.g. computer work, lifting.

8. What are your goals with the Pilates training? What do you want from this program? _____
