



PILATES REGISTRATION FORM

General Client Details			
Client Name:		Date of Birth:	
Address:			
Town:		Home tel:	
Postcode:		Mobile:	
Email:		Gender	M F
GP Name and Address:			
Please state how you heard of us: (or where advertisement seen)			
Pilates Aims			
Have you done Pilates before? Y N			
Why have you decided to commence Pilates?			
What aspect of your health would you like to concentrate on?			
Core stability	Flexibility	Posture	Toning
Stress management	Relaxation	Strength	
What are the three main aims that you are hoping to achieve with your Pilates program?			
1)			
2)			
3)			
Lifestyle			
What is your occupation?			
Does your occupation involve any repetitive movements or prolonged postures? If yes, please briefly explain.			
What other sports and hobbies are you involved with?			