



To better serve your health and fitness needs, we ask that you complete this form:

Name: _____ Date: _____

Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____

Cell: _____ Email: _____

What is the best way to reach you? Email Home Work Cell

Automated Email reminders are sent 48-hours before scheduled appointments

Emergency Contact: _____ Phone: _____

Relationship to Emergency Contact: _____

How did you find us?

Web Yelp Walking By Friend/Family Referral Health Practitioner Other: _____

Name of Referral: _____

What is your occupation? Do you sit at a desk or are you on your feet all day?

Does your occupation require you to wear shoes with a heel (dress shoes)? Y or N

How many hours per day do you spend commuting to work/school?

What specific health goals do you hope to achieve through coaching from EBP (Improve Performance, Physical Therapy Support, Reduce Pain, General Physical Fitness, Weight Loss, etc.)?

What are your short-term goals (1 – 3 months):

What are your long-term goals (6 – 12 months):

How many days per week do you realistically plan on exercising?

1 Day 2 Days 3 Days 5 or more days

High/Low Blood Pressure Medicated? Y or N

___Dizziness

___Heart Disease

___Heart Attack Year:

___Stroke Year:

___Diabetes

___Glaucoma

___Asthma Medicated? Y or N

___# of Pregnancies

___# of C-Sections

___# of Children

___Parkinson's

___Cancer Type:

___Lung Disease

___Hysterectomy Year:

___TOS

___Ehler's Danlos Syndrome

___Fibromyalgia

___Chronic Fatigue Syndrome

___Adrenal Fatigue

Please describe your current physical condition. Include any relevant information related or not included above that will help us better serve your health and fitness needs.

Are you currently in physical therapy or being treated by a chiropractor or other practitioner for ailments/injuries listed previously?

Please answer the following questions related to lifestyle and nutrition:

Do you smoke? If so, how many per day?

Do you drink? If so, how many per day?

Do you drink caffeinated beverages? If so, how many per day?

On average, how many hours do you sleep per night?

On a scale of 1 to 10, how would you rate your nutrition?

1 2 3 4 5 6 7 8 9 10
Very Poor Mediocre Very Good

How many times do you eat during the day, including snacks?

Do you skip meals? If yes, please explain:

Do you eat breakfast? If no, please explain?

How often do you plan on eating a well-balanced and nutritional diet?

1-3 Days Weekdays Weekends Whenever I can

What days and times are you available to take lessons?

What are you interested in participating in? Check all that apply.

Privates Duets & Trios Group Classes Nutrition Coaching Undecided

WAIVER & CONSENT FORM

CANCELLATION POLICY: I UNDERSTAND THAT I MUST CANCEL A SCHEDULED APPOINTMENT. I MUST NOTIFY EVERY BODY PILATES AT LEAST 24 HOURS IN ADVANCE OR I WILL BE HELD RESPONSIBLE FOR A PAYMENT IN FULL.

Client Initials _____

Instructor Initials _____

I have enrolled in a program of instruction in the Pilates Method of physical conditioning, Redcord Suspension Exercise, Strength Training, Functional Movement, Personal Training and/or Nutrition Coaching offered by Every Body Fitness-Pilates, Inc. I understand that the use of exercise equipment also carries with it a risk of injury. I recognize that many changes may occur as a result of these exercise lessons, including possible short-term aggravation of some symptoms, feelings of tiredness, light-headedness, increased energy, mood changes, etc. I also understand the activities are designed to place a gradual increasing workload on the musculoskeletal, flexibility, metabolic, and/or cardio respiratory systems to assist in their function, which may change my blood pressure and heart rate.

I also understand that a medical evaluation is advisable before commencing any program of physical conditioning, nutrition coaching, or exercise. I have and will continue to keep Every Body Pilates fully informed of any physical condition or disability, which would prevent or limit my participation in any exercise or physical conditioning program. I acknowledge that, although the conditioning program I participate in may have substantial physical benefits, neither Every Body Pilates nor its employees are engaged in diagnosing or treating medical diseases or deficiencies.

If I have enrolled in a program of the physical conditioning which is to be conducted by an intern, I have been advised that the student intern conducting the program has not completed the full requirement for certification to instruct at Every Body Fitness-Pilates, Inc. I understand that because the student intern has relatively limited knowledge and experience with instruction, the risk of injury to me may be greater.

I expressly assume all risks of my participation in the programs of exercise, physical conditioning and nutrition coaching conducted by Every Body Fitness-Pilates, Inc., on-site and off-site programs and waive any claim which I might otherwise bring against Every Body Fitness-Pilates, Inc., or Kirstin L. deFrees, its officers, directors, shareholders, employees, trainees and contractors as a result of injuries resulting from or relating to my participation in exercise, physical conditioning and nutrition program.

Every Body Fitness-Pilates, Inc. shall not be responsible or liable for any articles lost, stolen, or damaged, in or about the studio, or off-site locations.

I understand that Mat and Apparatus classes require prior evaluation of my fitness level and that I am responsible for attending the appropriate level class.

In case of instructor illness or emergency, you will be notified as soon as the need for cancellation has been determined. There will be no charge and the lesson will be rescheduled as a result of these circumstances.

I agree to commit myself to this program and to leverage Every Body Fitness-Pilates, Inc. as intended and for no other purpose. I understand the time used to improve my health and well-being is not limited to sessions with Every Body Fitness-Pilates, Inc. and will make a valiant effort to remember any positive results I experience are a direct result of the work and perseverance I have dedicated to my personal health.

Signature: _____ Date: _____