# Good Life Pilates Registration

Name_____Phone_____

e-mail_____Date of Birth_____

Occupation_____How long?_____

How did you hear about us?

Have you ever done Pilates before? If yes, when, and for how long?

Did you use equipment or take mat classes?

Do you have any physical injuries that cause you pain or discomfort? Please list.

Do you experience re-occurring pain of any kind? If yes, please explain

Do you have any surgeries or broken bones in your history? If so please list in order with dates.

Are you currently taking any medications? If so please list?

Do you have any other medical history I should be aware of or that may affect your participation in Pilates? If yes please explain.

What do you most want to achieve from Pilates? (please circle as many as apply)
Increase Balance Increase Flexibility Core Strength Body Mechanics
Pain Relief Stress Relief Weight Loss

Do you have any questions or concerns for me that you would like to address?