

# Lifestyle PILATES

## Client Profile

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

DOB (MM/DD/YYYY) \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relation \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about Lifestyle Pilates? \_\_\_\_\_

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Reason for coming to Pilates:

Goals:

# Lifestyle PILATES

## PAR-Q (Physical Activity Readiness Questionnaire)

Please circle all that may apply:

High BP	Low BP	Heart problem	Vertigo	Seizures	Surgeries
Shortness of breath	Osteoporosis/ Osteopenia	Joint problems	Back Pain (where?)	Chronic illness	Scoliosis
Stenosis	Spondylolisthesis	Degenerative Disc disease	Pregnancy	Chronic fatigue	Diabetes
Asthma	Facet Joint Syndrome	Diastasis recti	Hernia	Glaucoma	Migraines

Please expand on any of the above afflictions:

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# *Lifestyle* PILATES

## **PAR-Q continued**

Do you have any other health concerns you would like to share?

Current medications:

Are you presently participating in any therapy? (E.g. massage, physical therapy, chiropractic...)

Current physical activity level 1-10. (Number 1 being sedentary, 10 being elite athlete)

What activities do you participate in and/or enjoy?

What does your typical day look like? (E.g. sitting at a computer, lifting, standing long periods...)

Do you have any past experience with Pilates?

Is there anything else you would like to share with your Pilates instructor?