



Personal Information

Name _____ Date ____/____/____
 How did you hear about us? _____
 Email _____ Local Address _____
 City _____ State _____ Zip _____ Home Phone (____) _____
 Cell Phone (____) _____ Work (____) _____ Age _____
 Gender _____ DOB ____/____/____ Height _____ Weight _____
 Emergency Contact _____ Occupation _____
 Hours spent standing/sitting daily _____

Health History

Physician's Name _____ Phone (____) _____
 _____ Date of last medical exam? ____/____/____ Were the results normal?
 ____ Yes ____ No Do you have doctor's clearance to exercise? ____ Yes ____ No
 Do you take any medications? Yes ____ No ____
 If yes, please list medication(s) and reason(s) for taking: _____
 Are you currently involved in a regular exercise program? ____ Yes ____ No
 If yes, please list activity, duration, frequency and intensity _____
 _____ Have you tried Pilates or Yoga before? ____ Yes ____ No
 If yes, where and what type of session (ex: group mat class, private eqpt training): _____

Medical History

Please check any condition you have or have had:
 _____ Heart Attack, Coronary Bypass, Cardiac surgery _____ Diabetes _____ Stroke _____ Peripheral vascular disease _____ Phlebitis, emboli _____ Rheumatic fever _____ High blood pressure _____ Low blood pressure _____ Chest discomfort _____ Extra, skipped or rapid heart beats _____ Hear murmurs _____ Ankle swelling _____ Fatigue, lack of energy _____ Cold hands or feet _____ Arthritis _____ Foot problems _____ Ulcers _____ Back problems _____ Neck problems _____ Shoulder problems _____ Pneumonia _____ Swollen, stiff or painful joints _____ Stomach or intestinal problems _____ Migraine or recurrent headaches _____ Hernia _____ Bursitis _____ Limited range of motion in joints _____ Lightheadedness or fainting _____ Unusual shortness of breath _____ Epilepsy, seizures _____ Emotional disorders _____ Trouble sleeping _____ Increased anxiety or depression _____ Chronic recurrent cough _____ Bronchitis _____ Broken bones _____ Knee problems _____ Anemia _____ Asthma _____ Emphysema _____ Osteoporosis _____ Osteopenia
 If you checked any of the above, please provide details: _____
 Please describe any other physical limitations you have that may affect your exercise program: _____



Studio Policies

Session Payment:

I understand that all sessions must be paid in advance in order to hold my place in a scheduled class, semi-private, or private session and a \$20 late fee applies. _____

Courtesy Policy:

I will turn off my cell phone before entering the studio and will respect other classes and sessions going on by keeping my voice low while talking to other clients. _____

Refund Policy:

I understand that upon payment of a single session or series package of classes, no refund will be granted if I choose not to use pre-paid classes. _____

Waiver of Liability

Precision Pilates + Yoga Studio

I, the undersigned participant in this exercise class, as a condition of my participation, hereby waive any and all claims I may have now or in the future against my instructor and Precision Pilates + Yoga Studio, in connection with or arising out of my participation with this exercise class or any injury to myself related hereto.

I understand that any exercise program carries with it some risk and acknowledge that risk. I have consulted with my doctor and she/he agrees that this exercise program is appropriate for my current state of health.

Signature _____

Date _____

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