



## NEW CLIENT REGISTRATION

Please answer each of these questions as accurately as you can. Your responses will be treated in a confidential manner.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: M | F

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Who referred you to Coastal Pilates? / How did you hear about us?**

\_\_\_\_\_

**Overall Health:** Excellent | Good | Fair | Poor |

**Previous Pilates Experience:** \_\_\_\_\_

**Please briefly list any medical condition(s) that may affect your participation in Pilates:**

\_\_\_\_\_

**List Medications/Supplements:** \_\_\_\_\_

\_\_\_\_\_

**Recent Injuries/Surgeries**, please circle: Foot-Ankle | Knee | Hip | Low or Mid Back | Shoulder | Elbow | Wrist-Hand | Neck

Please explain: \_\_\_\_\_

\_\_\_\_\_

**Are you currently receiving any Health Care Services for a particular injury:** Yes | No  
If yes, please circle: Medical | Chiropractic | Massage | Physical Therapy

Other: \_\_\_\_\_



**PILATES GOALS & OBJECTIVES**, circle all that apply:

Strength | Coordination | Posture | Balance | Flexibility | Overall Fitness

Please explain your wellness goals further and list anything you feel we should know for the safety of your Pilates practice:

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**HEALTH ISSUES**, Please check if you are currently or have previously experienced any of the following:

- Arthritis
- Dizziness/Vertigo
- Heart Attack
- Back Pain
- History of Falls/Loss of Balance
- High/Low Blood Pressure
- Herniated Disc
- Lack of coordination with walking
- Cancer
- Spinal Stenosis
- Diabetes
- Acid Reflux/GERD
- Numbness/tingling in arm/leg
- Hyper/hypoglycemia
- Thyroid Disorder
- Pelvic Pain
- Neurological disease
- Joint Replacement
- Osteopenia/Osteoporosis
- Hearing Problems
- Pregnancy
- Recommended restriction of movement from a Healthcare Practitioner (e.g., lifting bending | arching | shoulder rotation)

Please explain any checked areas: \_\_\_\_\_

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