



New Student Form

Print Name:		Today's Date:	
Address:		Home Phone:	
		Cell Phone:	
Email:		Birthday:	
How did you learn about True Strength Pilates?		Occupation:	

Person to contact in case of an emergency:

Name: _____ Telephone _____

Relationship: _____

Have you participated in Pilates before?

- Yes No

If yes, how long and type of classes _____

Have you been referred to Pilates by a medical professional?

- Yes No

If Yes, please provide name and more information here _____

What are your reasons for starting Pilates and the goals you hope to achieve from your Pilates sessions? _____

Does your work/sport involve any of the following?

- Sitting for long periods of time Lifting heavy weights
 Driving Other repetitive action
 Standing

What sports do you do? _____

Please list any current medications _____

Please list any surgeries/ dates _____

Health History: *Please check all current or past items that apply to you and provide a brief description beside it.*

Back Trouble(spinal injuries, degeneration, scoliosis etc) _____

Neck Trouble _____

Shoulder Problems _____

Hip Problems _____

Knee Problems _____

Other Joint Concerns (wrists, ankles, elbows...) _____

Arthritis _____

Heart Condition _____

Hypertension high blood pressure _____

Hypotension low blood pressure _____

Dizziness _____

Diabetes _____

Asthma _____

Shortness of breath _____

Osteoporosis or Osteopenia _____

Cesarean _____

I am pregnant: How far along _____ (True Strength Pilates recommends you do not start learning a new form of exercise during this time and for safety reasons will not work with students in this case until postpartum. If you have already been doing Pilates would just need a note from your Doctor that clears you to continue your practice.)

Please list any other comments regarding your health condition or anything else I should know

Signature _____

Date _____