

Welcome to CoreFocused,LLC.

CoreFocused

Pilates personal training

' Fitness for Life'

Name: _____

Street: _____

City: _____ State: _____

Zip: _____

Phone: _____

E-mail: _____

Alternate phone (cell, business): _____

Emergency contact: _____ Phone: _____

Referred by: _____

Date of Birth: _____

Height: _____

Weight: _____

Ideal Weight: _____

If not currently at ideal weight, when were you last?: _____

Number of hours sleep/night: _____

Exercise/sport activities: _____

Frequency of exercise/week: _____

Prior Movement Experience (Dance, Yoga, Tai, Chi, Pilates....): _____

Stress Level: _____

Occupation (does your workday involve sitting at a computer or lifting?): _____

Participating in other therapies (Massage, Chiropractic, Physical Therapy....): _____

Any Health concerns (Asthma, Diabetes, High blood pressure, Pregnancy....): _____

Any injuries, surgeries aches, pains or physical limitations? _____

Short Term Goals? _____

Long Term Goals? _____

I acknowledge, to the best of my ability, that I am in good health and have no known medical problems that would restrict my ability to participate in a Pilates Exercise program. I will notify my instructor of any future health changes.

Signature: _____ Date: _____