

## New Client Profile

<b>Personal Information</b>	Today's Date	
	Name	
	Address	
	Home phone	
	Business phone	
	Cell phone	
	Email address	
	Where did you hear about us?	
<b>Background</b>	Do you have any injuries, aches, or pains recent or old? If yes, please describe.	
	Do you have any other health concerns? (Asthma, diabetes, etc.)	
	Are you presently doing other kinds of therapy? (Massage, chiropractic, etc.)	
	Are/were you active in any types of sports, exercise, physical activity? Please describe.	
	Have you had any past Pilates training? If yes, where?	
	What is your occupation? What does your typical day involve physically? (Sitting at computer, etc.)	
	What are your goals? What do you want most from this program?	
<b>Appointment Specifics</b>	What days do you prefer?	
	Do you prefer morning, afternoon or evening appointments?	
	Do you have a preferred instructor?	
	In the event of a cancellation, do you prefer to be rescheduled or have a substitute instructor?	
	If you would prefer a substitute instructor in the event of a cancellation, do you prefer to be notified in advance?	
<p><small>**Please note we will make every effort to accommodate your preferences but we cannot guarantee availability.</small></p>		