

## CLIENT INFORMATION

Last Name:	First Name:	M.I.	DOB:	<input type="checkbox"/> Male:	<input type="checkbox"/> Female:
Street Address:	City/State:	Zip Code:	Home Phone:	Cell Phone:	
Occupation:	Employer:	E-mail Address:			
Emergency Contact:	Relationship:	Phone:			

Referred by: \_\_\_\_\_

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

Personal Goals: \_\_\_\_\_

General Health:       Excellent     Good       Fair       Poor

Are you currently experiencing any physical problems? If so, please explain: \_\_\_\_\_

Are you currently receiving professional health care services (i.e. Chiropractic, Medical, Massage, Physical or Occupational Therapy)? If so, please explain: \_\_\_\_\_

Please list all current medications (prescription, over the counter, or supplements): \_\_\_\_\_

### I subscribe to and accept the following:

SYMMETRY PILATES Studio shall not be liable for any damages arising from any personal injuries sustained by a guest or a client on or about the premises of SYMMETRY PILATES Studio. A guest or a client, in attending SYMMETRY PILATES Studio and using its facilities and equipment, does so at his/her own risk. A guest or a client assumes full responsibility for any injuries or damages which may occur to him/her using said facilities and he/she does hereby fully and forever release and discharge SYMMETRY PILATES Studio, its owners, employees and agents from any and all claims, demands, damages, rights of action, or causes of actions, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of a client's or a guest's use or intended use of SYMMETRY PILATES Studio's facilities and equipment.

I accept to receive emails and text communications from Symmetry Pilates Studio.     Opt out email     Opt out text

### Terms and conditions of sessions:

All prepaid sessions are fully transferable but not refundable. Please keep your account in good standing. If your account is in arrears, you will not be permitted to book further sessions.

I understand that SYMMETRY PILATES requires twenty-four (24) hours notice for any change or cancellation. I will be billed for any session booked if twenty-four (24) hours notice is not given. Credit cards will be maintained on a secure network for payment purposes.

I consent that Symmetry may use my picture taken at the studio in the media and on social media.  Do not use my picture

Medical History: Have you been diagnosed or treated for any of the following. List current and post medical conditions, even if they have resolved:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Arthritis/Joint Pain       | <input type="checkbox"/> Heart Attack         | <input type="checkbox"/> Pregnancy            |
| <input type="checkbox"/> Back Pain/Spine Disorder   | <input type="checkbox"/> Heart Disease - BP   | <input type="checkbox"/> Pulmonary Disease    |
| <input type="checkbox"/> Cancer                     | <input type="checkbox"/> Hernia               | <input type="checkbox"/> Seizure Disorder     |
| <input type="checkbox"/> Diabetes/Metabolic Disease | <input type="checkbox"/> Herniated Disk       | <input type="checkbox"/> Shoulder Impingement |
| <input type="checkbox"/> Dizziness/Vertigo          | <input type="checkbox"/> Numbness or Weakness | <input type="checkbox"/> Stenosis             |
|   | <input type="checkbox"/> Osteoporosis         | <input type="checkbox"/> Stroke               |

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

Please list all past surgeries (i.e. tonsillectomy, appendectomy, gall bladder, C-section, hernia, etc.)

Year	Surgery	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Smoking History (please check one):

- Yes; \_\_\_\_ packs per day for \_\_\_\_ years
- No quit in \_\_\_\_ (year) but previously smoked \_\_\_\_ packs per day for \_\_\_\_ years
- No never

Anything else you would like us to know that has not been asked: \_\_\_\_\_

**I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT I HAVE COMPLETED THE ABOVE INFORMATION AND KNOW IT TO BE TRUTHFUL AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_