



## EVALUATION FORM

2301 Park Ave., Suite 302  
Orange Park, FL 32073  
904-616-8121  
lifebalancepilates@gmail.com

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

PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

DOB: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

### PLEASE CIRCLE YES OR NO:

Have you done any form of Pilates before?  
Yes / No

If YES, briefly describe what type of Pilates you have done (mat, private lessons, rehab, group lessons):

Are you pregnant or have recently had a baby?  
Yes / No

Please let us know if there is anything additional we should know about your pregnancy:

Have you had any surgeries? Yes / No  
If you answered yes, please describe what type and when:

Are you taking any medication? Yes / No  
If you answered yes, please list:

Are you currently involved in a strength training and/or cardio program? Yes / No  
If so what form of exercise and how often:

Has your physician ever said that you have limiting conditions and/or that you should only do physical activity recommended by a physician? Yes / No

Do you feel any pain in your chest when you do physical activity? Yes / No

In the past month, have you had chest pain when you were not doing physical activity? Yes / No

Do you lose your balance because of dizziness or do you ever lose consciousness?  
Yes / No

Do you have a bone or joint problems?  
Yes / No If so please describe:

Do you have any injuries past or present?  
Yes / No If so please describe:

Please describe your current fitness programs?

What are your fitness goals?

What services are you interested in:  
\_\_\_Private \_\_\_Duets \_\_\_Group Classes \_\_\_Other

How did you find out about LifeBalance Studio?

\_\_\_Friend \_\_\_Website \_\_\_Another Student  
\_\_\_Facebook \_\_\_Other