

## EVALUATION FORM

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Phone: (H)** \_\_\_\_\_ **(C)** \_\_\_\_\_ **(W)** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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:

Are you COVID 19 vaccinated? Yes / No

Booster? Yes / No

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