



PURE PILATES  
www.purepilatesnj.com  
908.286.1100

### Client Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_

### Emergency Contact (required)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ ; \_\_\_\_\_

### Second Emergency Contact (optional)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ ; \_\_\_\_\_

**Health or Injury History:            YES            NO**

If yes, please explain: \_\_\_\_\_

### Health and Lifestyle Questionnaire

#### Present / Past Health History

- Diabetes**
- High Blood Pressure**
- Heart disease/condition** (Please Specify: \_\_\_\_\_)
- Lung disease/condition** (Please Specify: \_\_\_\_\_)
- Autoimmune Disease** (Please Specify: \_\_\_\_\_)
- Seizures** (Please Specify: \_\_\_\_\_)
- Known Blood Clots** (Please Specify: \_\_\_\_\_)
- Osteopenia / Osteoporosis** (Please Specify T Score: \_\_\_\_\_)
- Other** (Please Specify: \_\_\_\_\_)
- Arthritis
- Chronic Fatigue Syndrome
- Fibromyalgia
- Gastric Reflux
- Glaucoma
- Incontinence
- Multiple Sclerosis
- Peripheral Neuropathy

*Orthopedic / Joint Problems*

- Anterior Cruciate Ligament Knee Injuries
- Facet Joint Syndrome
- Herniated or Bulging Disc
- Rheumatoid Arthritis
- Spondylolisthesis
- Stenosis
- Scoliosis
- Sciatica
- Total Hip Replacement
- Other \_\_\_\_\_

*Prior Injuries, Musculoskeletal and Neuromuscular Issues*

- Adhesive Capsulitis (frozen shoulder)
- Carpal Tunnel Syndrome
- Plantar Fasciitis
- Rotator Cuff Impingement
- Thoracic Outlet Syndrome
- Other \_\_\_\_\_

**Medications / Surgeries**

Medications you are presently taking: \_\_\_\_\_

Allergies (including medication): \_\_\_\_\_

Date of last complete physical examination: \_\_\_\_\_  Normal  Abnormal  Never  Can't Remember

Are you pregnant?  Yes  No Prior Deliveries: \_\_\_\_\_

Please list any prior surgeries, medical or diagnostic tests you have had in the past two years:

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**Activity / Exercise**

How physically fit do you feel?  Below Average  Average  Above Average

Are you currently involved in an exercise program?  yes  no

Please describe your exercise routine: \_\_\_\_\_

**How did you hear about Pure Pilates?**

Pure Pilates Client (Please Specify: \_\_\_\_\_)

Sponsored Event (Please Specify: \_\_\_\_\_)

Staff Referral (Please Specify: \_\_\_\_\_)

Advertisement (Please Specify: \_\_\_\_\_)

Dr. Jason Levy  Dr. Mark Schlobohm  Dr. Patrick Culligan

Drive-by / Walk-in  Internet / Website  Email / Newsletter

Community Auction / Raffle Winner

**Lifestyle / Interests:**

What was your primary reason for coming to our studio? (Please choose ONE)

- Add Cross Training to current workout routine
- Increase core strength
- Increase flexibility
- Injury Rehabilitation / Prevention
- Maintain / Continue Pilates Practice
- Try something new
- Weight loss

**What are you interested in? Please check ALL that apply:**

- Group Sessions
- Privates
- Workshops

**Please check all that apply so we understand your programming needs:**

- Early Exerciser (5, 6, or 7a)
- Morning Exerciser (8, 9, 10a)
- Mid-day Exerciser (11, 12, 1p)
- Evening Exerciser (5, 6, 7, 8p)
- Weekend Exerciser
- Healthy Lifestyle
- Nutrition / Diet
- Stretching
- Cyclist
- Racquet Sport
- Swimmer
- Runner
- Golfer
- Other

**When would you consider coming to a group session? Please check ALL that apply.**

- Never

- |                |                              |                             |                             |                              |                                    |                              |
|----------------|------------------------------|-----------------------------|-----------------------------|------------------------------|------------------------------------|------------------------------|
| Weekdays (M-F) | <input type="checkbox"/> 5a  | <input type="checkbox"/> 6a | <input type="checkbox"/> 7a | <input type="checkbox"/> 8a  | <input type="checkbox"/> 9a        | <input type="checkbox"/> 10a |
|                | <input type="checkbox"/> 12p | <input type="checkbox"/> 4p | <input type="checkbox"/> 5p | <input type="checkbox"/> 6p  | <input type="checkbox"/> 7p        | <input type="checkbox"/> 8p  |
| Saturdays      | <input type="checkbox"/> 7a  | <input type="checkbox"/> 8a | <input type="checkbox"/> 9a | <input type="checkbox"/> 10a | <input type="checkbox"/> Afternoon |                              |
| Sundays        | <input type="checkbox"/> 7a  | <input type="checkbox"/> 8a | <input type="checkbox"/> 9a | <input type="checkbox"/> 10a | <input type="checkbox"/> Afternoon |                              |

*I have answered the proceeding questions to the best of my ability. I have understood all the questions asked of me and have been given the opportunity to have any of my concerns clarified to my satisfaction. I further understand that thorough and honest responses to these questions are essential to my safety and for recommendations from my instructor and Pure Pilates.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_