1235 SE Division #206, Portland, OR 97202 • lemontreewellness.co

New Client Information

First name _____ Last name _____ Date _____

Address _____ City/State _____ Zip _____

Date of birth _____ Age _____ Contact phone _____ ☐ Home ☐ Work ☐ Mobile

Email _____ What is your preferred method of contact? ☐ Phone ☐ Email

Emergency contact _____ Relationship _____

Emergency contact phone _____ ☐ Home ☐ Work ☐ Mobile

Occupation _____ Hobbies _____

Do you exercise regularly? If so, what and how often? _____

What do you like most, and least, about your current exercise program? _____

Are you presently under a doctor's care? If so, for what reason? _____

Has a health care practitioner placed any restrictions on how your move? If so, what restrictions? (be specific - i.E., No arching, keep back flat, no lifting, etc.)

Do you have any injuries or physical conditions which limit your ability to exercise? If so, what? _____

Are you presently taking any medications? If so, what? And for what conditions? Are there side effects which may effect your concentration, balance, or ability to work out safely?

What have you heard about pilates that appeals to you? _____

_____

Do you have any experience with pilates? If so, which method, with whom, where and for how long? _____

_____

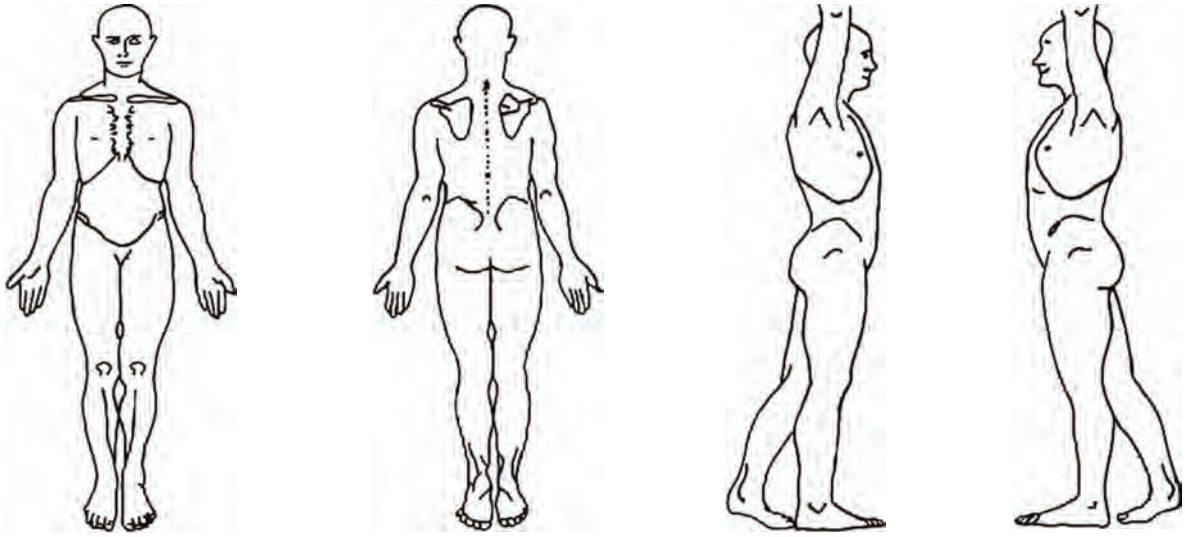
What goals would you like to achieve through pilates? How can we help you achieve these goals? _____

_____

What are your expectations? _____

_____

Use the body charts to circle any areas of pain or discomfort, and to indicate any old or recent injuries, surgeries or conditions. Please indicate the date of each.



How did find us, or whom may we thank for referring you? _____

Please initial below:

_____ *I hereby release Heidi Weiss and all Lemon Tree Wellness instructors from any liability resulting from harm incurred during instruction.*

_____ *I agree that I am financially responsible for payment of my pilates lessons on or before the day of my appointment.*

_____ *In addition, I agree to give 24-hours notice for cancellation of an appointment. Should I fail to give adequate notice, I agree to pay for each missed visit. Pre-paid lessons are valid for three months from the date of purchase.*

Signature _____ Date _____