

Welcome to CoreFocused, LLC.

**CoreFocused**  
*Pilates personal training*

**'Fitness for Life'**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Alternate phone (cell, business): \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Ideal Weight: \_\_\_\_\_

If not currently at ideal weight, when were you last?: \_\_\_\_\_

Number of hours sleep/night: \_\_\_\_\_

Exercise/sport activities: \_\_\_\_\_

Frequency of exercise/week: \_\_\_\_\_

Prior Movement Experience (Dance, Yoga, Tai, Chi, Pilates....): \_\_\_\_\_

Stress Level: \_\_\_\_\_

Occupation (Does your workday involve sitting at a computer or lifting?) \_\_\_\_\_

Participating in other therapies (Massage, Chiropractic, Physical Therapy....): \_\_\_\_\_

Any health concerns (Asthma, Diabetes, High blood pressure, Pregnancy....): \_\_\_\_\_

Any injuries, surgeries, aches, pains or physical limitations? \_\_\_\_\_

Short Term Goals? \_\_\_\_\_

Long Term Goals? \_\_\_\_\_

I acknowledge, to the best of my ability, that I am in good health and have no known medical problems that would restrict my ability to participate in a Pilates Exercise program. I will notify my instructor of any future health changes.

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