

**Welcome to
Bonita Pilates and Yoga**

(Please complete and bring on your 1st visit)

Welcome to our Studio!

Please tell us a little bit more about you so that we ensure a great experience.

General Information

Today's date _____

First Name _____ Last Name _____

Street Address _____ City _____ State _____ Zip _____

Email _____@_____._____

Cell (_____) _____ Phone (_____) _____

Emergency contact (*just in case*) Name _____ Relation _____ Cell
Phone _____

Personal Information- Let us know how we can best work with your body

Medications that may affect your exercise _____

Medical conditions that your instructor should be aware of _____

Joint pain or restrictions? _____ Muscular pain or restrictions _____

Pertinent surgeries as it relates to exercise and Pilates _____

Are you Pregnant (yes/no)

Have you ever had C-section? (yes/no)

If, yes, how many? _____

Do you have any pain at this time? (yes/no)

(If, yes) Location of pain _____

Have you been diagnosed with Osteoporosis or Osteopenia? (circle your answer) (yes/no)

Did a doctor or other health practitioner recommend Pilates? (yes/no)

(if, yes) who _____

Are you currently involved in an exercise program? (yes/no)

(If yes) describe _____

Goals for Pilates _____

How did you hear about Bonita Pilates and Yoga? _____

Any friend we can thank for this referral? _____