



Client Profile - Mat Classes

Welcome to MG Pilates. We like to get to know our clients first, so please fill in the form below giving as much detail as possible. This form can be filled in electronically and returned via email.

		Date	
Name		Sex	
D.O.B			
Address			
Home Phone		Mobile	
Email:			
Occupation			
How did you find out about MG Pilates			
Emergency contact		Contact No	
Please list any post or present injuries or areas of discomfort			
Were they treated and how?			
Do you suffer from Low or high blood pressure Asthma Diabetes Epilepsy			
Please list any current health problems that you are aware of?			
Are you pregnant? Yes No If so how many weeks?			
What are your goals and reasons for starting Pilates?			
Have you done Pilates before? Yes No			
Class time and day			
Number of sessions bought			

Before commencing your first session, please read and sign the Disclaimer form and give it to your instructor.

Thank you for choosing MG Pilates.