

Welcome to *STHIEL PILATES and MOVEment Center*

Name: _____ Date: _____

Address: _____

Preferred number for contact: _____

Emergency contact and number: _____

How did you hear about **STHIEL PILATES**? _____

Email: _____

Pilates/AntiGravity/Yoga/Fascial Fitness experience? Yes No

(Please circle those you've experienced)

Any injuries or recent surgeries you'd like to mention? Yes No

Medications you'd like to mention? _____

Any fitness goals? _____

Birthday-D/M _____