



OPTIMUM PILATES

Client Information

Name _____

Referred by _____

1. Do you exercise, and if so, what is your present workout routine?

2. Do you have any prior Pilates experience?

3. Are there any health issues or physical limitations of which your trainer should be aware? Please elaborate.

4. What is your current occupation? And, what does it involve physically (i.e. sitting, lifting)?

5. What are your goals with your Pilates workout?

6. Do you have any specific question regarding Pilates?

Workouts are customized for your needs and goals. By communicating your preferences or needs, you help make this a better workout for yourself.

Also, please respect our 24-hour cancellation policy. You will be charged full price for appointments missed or cancelled with less than 24-hour notice. We respect your time and we expect you to respect ours.

Thank you.

Received by _____

Date _____