



Date _____

How were you referred to us? (please circle)

Internet: Yelp Google Facebook YellowPages.com Other Web Site: _____						
Advertisement: Hudson Valley Merchantile Northern Dutchess News WKZE Flyer/Brochure Street Sign/Drive By						
Another Client (please specify):				Workplace (please specify):		
Special Event (please specify):				Other (please specify):		

Your information will never be shared or used for any other purpose other than programming or to contact you regarding Studio business.

Name _____ **Cell Phone** _____

Work Phone _____ **Home Phone** _____

E-Mail Address _____

Address _____

City _____ **State** _____ **Zip** _____

Birth date ___/___/___ = **Age** _____ **Ht.** _____ **Wt.** _____ **Occupation** _____

Emergency Contact _____ **Emergency Phone** _____

	YES	NO
1. Has your doctor ever said you have a heart condition and that you should only perform physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you feel pain in your chest when you perform physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
In the past month, have you had chest pain when you were not performing any physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you lose your balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a bone or joint problem that could be made worse by a change in your physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is your doctor currently prescribing you any medication for blood pressure or a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you know of any other reason why you should not engage in physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes" to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.

Health and Fitness History

Please fill out this form to the best of your ability and sign at the bottom of the form. If you have any questions please feel free to ask.

Name: _____ Birth date: _____ Date: _____

Address: _____

Street

City

Zip Code

Home Phone: _____ Work: _____ Cell: _____ Email: _____

Employer: _____ Occupation: _____

How long is your work day? _____ Is your job physically or mentally demanding? _____

Sex: M/F Marital Status: _____ General Health: Excellent Good Fair Poor

Previous experience with Pilates: _____

Personal Goals: _____

Medications: _____

Previous Injuries: _____

Medications: _____

Previous Surgeries: _____

Are you currently experiencing any physical problems? If so, please explain: _____

Are you currently receiving professional health care services? If so, please explain: _____

Date of your last doctor's visit: _____ Do you smoke? Yes No If yes, how much? _____

Has your doctor indicated any limitations or exclusions of certain activities? Describe: _____

Are you currently or have you previously been diagnosed with any of the following?

Arthritis Yes No
Back Pain Yes No
Cancer Yes No
Carpal Tunnel Syndrome Yes No
Circulatory Disease Yes No
Diabetes Yes No
Dizziness Yes No
Fainting Yes No
Fibromyalgia Yes No
Heart Disease Yes No

Herniated Disc Yes No
High Blood Pressure Yes No
Hypoglycemia Yes No
Numbness Yes No
Osteoporosis Yes No
Pelvic Floor Pain/Weakness Yes No
Pregnancy Yes No
Seizure Disorder Yes No
Shoulder Impingement Yes No
Stenosis Yes No

Is there anything that you feel we should know and have not asked? If so, please explain: _____

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT I HAVE COMPLETED THE ABOVE INFORMATION AND KNOW IT TO BE TRUTHFUL AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____

From the options below, please list your primary reason for visiting: _____

Please mark additional fitness goals:

- | | | |
|---|--|---|
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Abdominal/Lower Back Strength | <input type="checkbox"/> Stress Reduction |
| <input type="checkbox"/> Increase Flexibility | <input type="checkbox"/> Energy Gain | <input type="checkbox"/> Injury Recovery |
| <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Gain Strength | <input type="checkbox"/> Improve Posture |

Other _____

Do you currently workout on a regular basis? Yes No

If yes, please describe your current workout program and the frequency:

Has any exercise program had any positive or negative effects on your body?
(If yes, please explain) _____

Recreation/Hobbies:

Do you partake in any recreational activities? *(If yes, please list)*

- | | | | |
|--|---|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Yoga | <input type="checkbox"/> Group Exercise | <input type="checkbox"/> Golf | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Martial Arts/Boxing | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cycling | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Pilates | <input type="checkbox"/> Skiing | <input type="checkbox"/> Dance |

What type of program are you interested in at Body Be Well?

- | | | |
|---|---|--|
| <input type="checkbox"/> Privates & Mat Classes | <input type="checkbox"/> Privates Only | <input type="checkbox"/> Mat Only |
| <input type="checkbox"/> Semi Privates | <input type="checkbox"/> Group Reformer | <input type="checkbox"/> Specialty Classes |

I am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are a potentially hazardous activity. I understand that the practice of any type of exercise involves a risk of injury and even death, and that I am voluntarily participating in these activities. I also understand that I must judge my own capabilities with respect to practicing any exercise at Body Be Well, LLC. By my participating in classes, women's gym, or activities at Body Be Well, LLC, I agree to take full responsibility for not exceeding my limits in the practice of movement, for selecting the appropriate level of classes taught, and for any injury I might suffer. I acknowledge that it is my responsibility to inform the instructor immediately if an injury occurs during class. I understand that, from time to time during classes at Body Be Well, LLC, instructors may physically adjust students' form. If I do not want such physical adjustments, I will so inform that instructor at each class I attend. I also acknowledge that if I do not wish to receive physical adjustments, it is my responsibility to inform the instructor when an adjustment has gone as far as I desire at the time. I hereby waive and release any claim that I might have at any time for injury of any sort against Body Be Well, LLC or any other person or entity in any way involved therewith, including without limitations its principles, instructors, employees, agents and representatives. I am giving up legal rights and/or remedies, which may be available to me for the ordinary negligence of Body Be Well, LLC or any of the parties listed above.

I have read, fully understand and agree to the above. Date _____ Signature _____

If under 18 years of age:

As legal guardian of _____ we consent to the above conditions _____

(Signature)

Body Be Well - Studio Policies

Please Read, Initial & Sign

- **_____ I understand Body Be Well enforces a 24 hour cancellation policy & if I do not cancel my scheduled appointment or class 24 hours in advance I will be charged in full. *With unlimited packages, a \$10 fee for group classes and \$22 fee for group reformer classes will be charged immediately to my credit card on file.***
- **_____ I understand all packages purchased at Body Be Well expire within 6 months, are non-refundable and non-transferable.**
- All sessions/series must be paid for in advance. First session to be secured with a credit card or check in advance.
- All sessions are approximately 50-55 minutes long
- The hour begins at the appointment time, not at time of arrival
- No cell phones, pagers, pets (except Stella)
- Insurance billing is not available – receipts only
- Please arrive perfume and fragrance free
- Sessions are non-transferable or refundable
- Studio reserves the right to assign substitute teacher
- Private and semi-private series are not interchangeable
- If your semi-private partner late cancels (does not give 24 hours notice of cancellation) you will not be charged for a private. If your partner cancels before 24 hours of appointment we will do our best to find a new partner but cannot guarantee it. You may pay the difference toward a private session if you choose or cancel with no penalty.
- No open studio policy – no use of machines unattended
- Sign in is required at time of session and/or class
- Please notify us of any changes in your health / medical condition
- Appropriate attire must be worn (Due to the nature of a full body Pilates workout; dance pants, bike shorts, or sweats with undergarments are recommended)
- Clean socks are mandatory to use equipment (ToeSox are highly recommended)
- Water is acceptable in Studio as needed. No eating on equipment.

I have carefully read, fully understand and agree to the above.

Date _____ Signature _____