Name:	Date:	Phone:
Address:	Occupation:	Phone Provider:
City: State:	Zip Code:	Date of Birth:
Emergency Contact Name/Number:		Email:
How did you hear about us?		Referral Name:

Preferred Method of Contact (please select all that apply): ☐ *Text Message* ☐ *Email* ☐ *Phone* ☐ *All*

Please note - Emails are never shared. They are used to confirm appointments and to notify you of special promotions/events on

GENERAL HEALTH

Rate Your Stress Level: (5 = Highest, 1 = Lowest) **1 2 3 4 5**

List any accidents or surgeries within the past 2 years:

Are you now under a Doctor's Care?

List any medications you are taking (use back of form if necessary):

HEALTH HISTORY

☐ Heart Condition ☐ Lymphedema ☐ High Blood Pressure ☐ Low Blood Pressure

☐ Numbness/Tingling ☐ Sinus Problems/Allergies ☐ Chronic Pain ☐ Varicose Veins

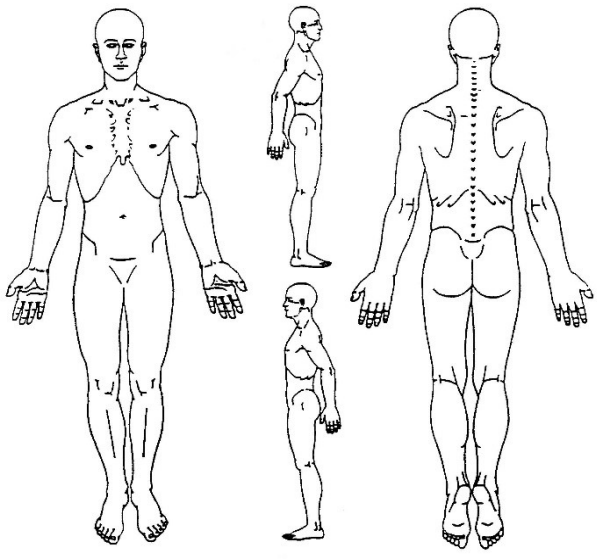
☐ Jaw Pain/TMJ ☐ Blood Clots ☐ Sprains/Strains ☐ Asthma Cancer - Currently? Y / N

☐ Diabetes ☐ Headaches ☐ Arthritis ☐ Spasms/Cramps ☐ Broken/Fractured Bones

☐ Pregnancy (___ weeks) ☐ Fatique/Sleep Disorder ☐ Depression/Anxiety ☐ Other:_____

☐ Anything That May Disrupt Your Workout Session?:

TELL US ABOUT YOU



Use body chart to circle any areas of pain or discomfort.

Rate Your Pain: No Pain 0 1 2 3 4 5 Severe

How do these symptoms effect your life?

What kind of exercises or hobbies do you do?

Is there anything else you would like us to know about your health?

Company Use Only:

o Reviewed o Added into system

For General Liability (please sign):

By signing this General Release of Liability and Waiver, I am confirming that I recognize that there may be inherent risks associated with using certain equipment, participating in programs and/or receiving treatments. I acknowledge and agree that I am responsible for my own health; that the coaches, associates and/or technicians are not health care practitioners and cannot be expected to diagnose and/or treat individual health problems. I understand that I am responsible for discussing any questions that I may have concerning my health conditions (if any) throughout any program or treatment at The Workshop and, should health-related symptoms occur, I will cease my participation and inform facility personnel of the symptoms. In the event that I have reason to believe that medical clearance must be obtained prior to participation in any spa treatments, therapies, or facility equipment, I agree to first consult a physician and obtain written permission from a physician prior to the commencement of any program, treatment or activity. By voluntarily choosing to receive treatments and/or participate in activities and programs at The Workshop, I warrant that to the best of my knowledge, I have no disability, impairment or ailment that prevents me from receiving such treatments and/or engaging in such participation.

Consequently, in light of the foregoing, I hereby release The Workshop (and its parent corporation(s), subsidiaries, affiliated corporations, and their respective officers, directors, shareholders and employees) and waive any and all claims, liabilities, or damages for personal injuries that I may experience directly or indirectly from receiving any treatments, utilizing the facilities and/or participating in the programs or activities offered by The Workshop. Initial _____

Please wear clean socks and comfortable, non-restrictive clothing. We are a sock preferred studio but it is not required. If you wear loose shorts or pants, please wear underwear. You do not need shoes and high heels are restricted on all Pilates flooring. Closed toed shoes only in any weightlifting area.

Initial _____

The Workshop has a no refund policy but packages may be transferred to a designated person. We do our best to accomodate everyone and welcome feedback to enhance your experience with us. I also understand that The Workshop requires 24 hours notice of cancellation. If the cancellation is within 24 hours of the appointment, full charges will apply and any vouchers or gift certificates being used for that session will be redeemed.

Initial _____

Sign:_____ Date:_____

Company Use Only:

o Reviewed o Added into system

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o Reviewed o Added into system

Company Use Only:

o Reviewed o Added into system