



Welcome to Thrive Pilates

Date: _____

Full Name: _____

Email Address: _____

Full Address: _____

Phone Number: _____

How did you hear about the studio?

Do you have any injuries, aches, or pains (recent or old)? Please describe them.

Are there any other health concerns (asthma, diabetes, medications, etc.)?

Are you presently doing other kinds of therapy (massage, chiropractic, physical, etc.)?

Are you active in sports or other exercise programs? If yes, please describe.

Have you had any past training in the Pilates method? If yes, where?

What is your occupation? What does your typical day involve physically?

What are your goals? What do you want to gain most from this program?

Thrive Pilates Studio

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