



## PLEASANT VIEW PILATES NEW CLIENT QUESTIONNAIRE

Please fill out this form *completely and accurately*.

- **Return to Pleasant View Pilates at least 24 hours *prior* to your first scheduled session.**
- This information is essential to helping your trainer develop a program that addresses your needs, goals and interests and is safe and effective.
- All information received on this form will be treated as strictly confidential.

Name: _____		Date of Birth _____ / _____ / _____		Age: _____	
		M	D	Y	
Address: _____					
Street		City		State	Zip Code
Phone: (h) <input type="checkbox"/> _____ (w) <input type="checkbox"/> _____ (c) <input type="checkbox"/> _____					
~PLEASE CHECK THE BEST NUMBER(S) TO REACH YOU~					
The best time to call is _____. Please don't call before ____am or after ____pm					
Email address: _____					
Occupation: _____					
Emergency Contact: _____			Relationship: _____		
Phone Number(s): _____					
Physician's Name: _____			Physician's Phone: _____		
Physician's Address: _____					
Street		City		State	Zip Code

**Please provide 48 hours notice if you need to reschedule your appointment(s). Appointments cancelled with less than 48 hours' notice or no shows are subject to a \$20.00 cancellation fee. Please provide cancellation notice to:**

**Pleasant View Pilates**

**ATTN: Lara E. Gill**

**[www.pleasantviewpilates.com](http://www.pleasantviewpilates.com) or [pleasantviewpilates@gmail.com](mailto:pleasantviewpilates@gmail.com)**

**For office use only:**

**Personal Trainer: \_\_\_\_\_ 1<sup>st</sup> Appointment: \_\_\_\_\_**

# Health History Form

Do you now, or have you had in the past:

- 1) History of heart problems, chest pain or stroke..... YES NO
- 2) Increased blood pressure..... YES NO
- 3) Any chronic illness or condition..... YES NO
- 4) Difficulty with physical exercise..... YES NO
- 5) Advice from physician NOT to exercise..... YES NO
- 6) Recent surgery (past 12 months)..... YES NO
- 7) Pregnancy (now or within past three months)..... YES NO
- 8) History of breathing or lung problems..... YES NO
- 9) Muscle, joint or back disorder, or previous injury still affecting you..... YES NO
- 10)Diabetes or thyroid condition..... YES NO
- 11)Cigarette smoking habit..... YES NO
- 12)Obesity (more than 20% over ideal body weight).....YES NO
- 13)Increased blood cholesterol..... YES NO
- 14)History of heart problems in immediate family..... YES NO
- 15)Hernia, or any condition that may be aggravated by lifting weights.....YES NO

Please explain any "yes" answers:

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16)Are you taking any medications (either prescription or over-the-counter), which may affect your ability to exercise?

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17)Is your physician aware you are participating in an exercise program?...YES NO

**Lifestyle Related Questions:**

- 1) Describe your job:
  - Sedentary
  - Active
  - Physically Demanding
  - Requires Travel
  
- 2) Would an exercise program interfere with your job? ..... **YES NO**
- 3) Would an exercise program benefit your job? ..... **YES NO**
- 4) Can you exercise during your work day, or is your schedule flexible? ...**YES NO**
  
- 5) On a scale of 1-10, how would you rate your stress level (1=very low 10=very high)?  
1      2      3      4      5      6      7      8      9      10
  
- 6) Is anyone in your family overweight? ..... **YES NO**
  - Mother
  - Father
  - Sibling
  - Grandparent
  
- 7) Were you overweight as a child? ..... **YES NO**

**Fitness History:**

- 1) On a scale of 1-10, how would you rate your present fitness level ?  
1      2      3      4      5      6      7      8      9      10
  
- 2) When were you in the best shape of your life? \_\_\_\_\_
  
- 3) Were you a high school or college athlete? ..... **YES NO**  
If yes, what sport(s)? \_\_\_\_\_
  
- 4) When you exercise, participate in an event or sport, how important is competition?  
1      2      3      4      5      6      7      8      9      10
  
- 5) Has your weight changed by 10 lbs. or more in the past year? ..... **YES NO**  
If YES, how many pounds? (+) \_\_\_\_\_ (-) \_\_\_\_\_

**Exercise Related Questions:** *Skip to next section if you are presently inactive.*

- 1) How often do you take part in physical exercise?
  - 5-7x/week
  - 3-4x/week
  - 1-2x/week
  
- 2) If your participation is lower than you would like it to be, what are the reasons?

- Lack of Time
- Lack of Interest
- Illness/Injury
- Other \_\_\_\_\_

3) How long have you been consistently physically active? \_\_\_\_\_

4) What activities are you presently involved in?

**Cardio**

Frequency: (times per week):    1-2    2-3    3-4    4-5    5+

Duration: (minutes per session): \_\_\_\_\_

Intensity Level (scale of 1-10): \_\_\_\_\_

Type of exercise: \_\_\_\_\_

**Sports**

Type of sport(s): \_\_\_\_\_

**Strength Training**

Frequency: (times per week):    1-2    2-3    3-4    4-5

Intensity level:                    Easy                    Medium                    Hard

**Stretching**

Frequency: (times per week):    1-2    2-3    3-4    4-5    5+

5) Please check all the activities that you participate in at least once a week:

- |                                               |                                         |                                        |                                              |
|-----------------------------------------------|-----------------------------------------|----------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Aerobic Classes      | <input type="checkbox"/> Hiking         | <input type="checkbox"/> Rollerblading | <input type="checkbox"/> Tennis              |
| <input type="checkbox"/> Baseball             | <input type="checkbox"/> Ice Skating    | <input type="checkbox"/> Running       | <input type="checkbox"/> Triathlon           |
| <input type="checkbox"/> Basketball           | <input type="checkbox"/> Indoor Cycling | <input type="checkbox"/> Skiing        | <input type="checkbox"/> Volleyball          |
| <input type="checkbox"/> Bicycling (outdoors) | <input type="checkbox"/> Kayaking       | <input type="checkbox"/> Snowboarding  | <input type="checkbox"/> Walking             |
| <input type="checkbox"/> Cross Country Skiing | <input type="checkbox"/> Orienteering   | <input type="checkbox"/> Snowshoeing   | <input type="checkbox"/> White Water Rafting |
| <input type="checkbox"/> Canoeing             | <input type="checkbox"/> Pilates        | <input type="checkbox"/> Soccer        | <input type="checkbox"/> Yoga                |
| <input type="checkbox"/> Golf                 | <input type="checkbox"/> Racquetball    | <input type="checkbox"/> Swimming      | <input type="checkbox"/> Others: _____       |

**Nutrition Related Questions**

1) On a scale of 1-10, how would you rate your Nutrition (1=very poor 10=excellent)?

1       2       3       4       5       6       7       8       9       10

2) Would you make better food choices/improve eating habits if you were held accountable?  
 .....YES NO

3) List 3 areas of your Nutrition you would like to improve:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

**Developing your Fitness Program:**

1) Where would you prefer to exercise? (check all that apply):

- Indoors...at studio
- Indoors...at home
- Outdoors

2) With whom would you prefer to exercise? (check all that apply):

- Alone
- Friend/Spouse
- Small Group

3) When would you prefer to exercise? (check all that apply):

- Early morning
- Mid-Morning
- Noon
- Afternoon
- Evening

4) Realistically, how often each week would you like to exercise?

- 2-3
- 3-4
- 4-5

5) Realistically, how much time would you like to spend during each exercise session?

- 30 minutes
- 45 minutes
- 60 minutes
- More

6) What are the best days during the week for you to commit to your exercise program?

M    T    W    T    F    Sa    Su

**Goal Setting:**

**How can a Personal Trainer help you? Please check that which applies.**

- Start Exercising
- Lose body fat
- Nutrition Education
- Develop Muscle Tone
- Sport specific training: \_\_\_\_\_
- Rehabilitate an Injury: \_\_\_\_\_
- Design a more advanced program

- Motivation
- Safety
- Other \_\_\_\_\_

1. In the following space, write down the fitness goals you would like to achieve. List **anything** you have ever thought of achieving with regards to your own individual health and fitness.

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

2. On a scale of 1-10 how ready are you to make Health and Fitness a priority in your life? (1=low, 10=high)

1      2      3      4      5      6      7      8      9      10

3. What do you think the most important thing that Pilates can do to help you achieve your fitness goals?

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4. What do you feel are the obstacles or your potential actions, behaviors or activities that could impede your progress towards accomplishing your goals

- not training consistently/not sticking to plan
- travel business/vacation
- holiday season
- busy season at work
- family commitments
- other responsibilities become a priority \_\_\_\_\_

5. Outline some ways that you plan to use to overcome these obstacles:

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**Miscellaneous Questions:**

1. How did you hear about us? Please check all that apply.

- Brochure
- Drop-in
- Word of Mouth-referral
- Chamber of Commerce

- Yellow Pages
- Website
- Other \_\_\_\_\_

2. If you were referred to us, who told you about our services?

\_\_\_\_\_

3. What would cause you to discontinue training with us?

\_\_\_\_\_

I, \_\_\_\_\_ (full name), **do hereby certify and affirm that my responses above are true and correct to the best of my ability. I understand that Pleasant View Pilates and Lara E. Gill must be fully informed of any and all health conditions and/or issues prior to any training session.**

**THIS, the \_\_\_ day of \_\_\_\_\_, 2020.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

# WAIVER OF LIABILITY



WHEREAS I will be participating in Pilates training (“Pilates”) with Pleasant View Pilates and Lara E. Gill and as I have reviewed and understand this waiver, I voluntarily agree to the following:

I am, at all times, responsible for my own safety as well as the safety and security of my personal belongings. I am aware of the inherent risk involved in any type of exercise and agree to release and hold Pleasant View Pilates and Lara E. Gill and her affiliated organizations, employees, assignees, contractors and assistants harmless from injuries I might incur during Pilates. I do hereby forever waive, release, and discharge Pleasant View Pilates and Lara E. Gill, and her officers, agents, employees, representatives, executors and all others acting on her behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission in any activities of Pilates or the use of any equipment during Pilates on site, in home, or otherwise. I do hereby further declare myself to be physically sound and suffering from no condition, ailment, disease, illness or other infirmity that would prevent my participation in Pilates or the use of any equipment during Pilates.

I do hereby acknowledge that I have been informed of the need of a physician’s approval for my participation in Pilates and other exercise activities and have completed the required new client questionnaire. I understand and acknowledge all policies of Pleasant View Pilates regarding scheduling, payments, and late fees. I understand and am aware of the that fitness activities involve a risk of injury and/or death and I am voluntarily participating in these activities and expressly assume and accept any and all risks of injury or death. I give permission for Pleasant View Pilates and Lara E. Gill to use any photographs/video taken during Pilates for Pleasant View Pilates’ and/or Lara E. Gill’s social media content regarding fitness/health/Pilates, including any promotional materials and publicity efforts. I further warrant that I will make no monetary claim against Lara E. Gill and/or Pleasant View Pilates for the use of the photographs and/or video in the future. I understand that Lara E. Gill will run a photo/video credit if possible, but is under no obligation to do so.

**SO ACKNOWLEDGED AND AFFIRMED, THIS the \_\_\_ day of \_\_\_\_\_, 2020.**

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**Signature**

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**Printed Name**