



THE LOFT
CONNECT • RESTORE • GROW

Office Use Only:
Date _____
 Starter Offer
 Private
 Group
 QB
 MindBody
 Workshop: _____

CLIENT HEALTH/PERSONAL HISTORY

PERSONAL INFORMATION

Last name: _____ First name: _____

Address: _____
Street City Postal code

Date of Birth: _____
(Month/Day) Year (optional)

Preferred Contact Number (1): _____ Home Cell Business

Preferred Contact Number (2): _____ Home Cell Business

E-mail address: _____

Contact in case of injury: _____

Contact's telephone: _____

Disclaimer:
Your personal history information will be used for the purpose of contacting you for any rescheduling, to identify your needs and to send you information on our new products and events. If you do *not* wish to receive email notices of new products, events or promotions/sales, please indicate: No, I do not wish to receive emails of notices of new products, events and promotions/sales.

This document will be protected by Federal legislation under *the Personal Information Protection and Electronic Documents Act (PIPEDA)*.

How did you find The Loft Pilates Studio?

- Internet Search Yellow Pages Yelp Facebook Twitter Linked In
 Signs/Lives in the area Other

Referred by: _____ Family Friend Health Practitioner

Are you presently receiving any of the following treatments?

- Acupuncture Massage Therapy Osteopathy
 Physiotherapy Chiropractic Other: _____

Have you had surgery or been hospitalized in the past two years? If yes, please specify:

Have you had any fractures? If yes, please specify:

Do you have any other conditions that were not listed above? If yes, please expand:

Were you given specific contra-indications (something you should not be doing)? If yes, please list contra-indications:

What are your reasons for beginning a training program at the Loft?

For women only:

Are you pregnant now? Yes No

Have you been pregnant in the past 6 months? Yes No

Have you had a caesarean birthing? Yes No

How many childbirths have you had? _____

I have given true information about my health. I agree to give The Loft Pilates Studio my personal information for the purposes mentioned in the above disclaimer. I am aware that there are risks in exercising and will not hold The Loft Pilates Studio, its owner or any of its teachers responsible for any injuries that may occur. **I am aware that if I miss, cancel or change any of my appointments with less than 24 hours notice, regular class/session charges will apply.**

Name

Signature
(of parents for participants under the age of majority)

Date