

Information and History Form



1. Name: _____ Date: _____
2. Phone: _____
3. Email Address: _____
4. Emergency Contact: _____ Phone: _____
5. May we email you with news, updates, and promotions: YES ____ NO ____
6. Home Address: _____
7. How did you hear about Mommy and Me with Margaret? Who referred you if applicable?

8. Do you have any injuries, aches or pains? (recent or old), please describe:

9. Are there any other health concerns? (asthma, diabetes, blood pressure, meds, etc.)

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

11. Are you or were you active in any sports, exercise programs? Please describe:

12. Have you had any past training/experience in Pilates and/or strength training? Where?

13. What are your goals? What do you want most from this program?

Please use back of page if needed