

Sublime Retreats

live. love. explore.

NAME: _____ DATE: _____

E-MAIL: _____ BIRTHDAY: _____

ADDRESS:

CITY, STATE, ZIP:

TELEPHONE: H: _____ W: _____

M: _____

EMERGENCY CONTACT: _____ PHONE: _____

INJURIES/MEDICAL CONDITIONS?

DO YOU CURRENTLY PRACTICE PILATES?

FOR HOW LONG HAVE YOU PRACTICED PILATES?

WOULD YOU DESCRIBE YOURSELF AS

AN ADVANCED PILATES PRACTITIONER

AN INTERMEDIATE PILATES PRACTITIONER

A BEGINNING PILATES PRACTITIONER

WHAT DO YOU HOPE TO GET OUT OF THIS RETREAT?

HOW DID YOU HEAR ABOUT SUBLIME RETREATS?

MESSAGE PROFILE:

Please mark any of the following that you now have or have had:

Musculoskeletal

Bone/Joint Disease __

Tendonitis/Bursitis __

Arthritis/Gout __

Jaw Pain (TMJ) __

Lupus__

Spinal Problems __

Other _____

Skin

Allergies, specify _____

Rash__

Athletes Foot __

Herpes/Cold Sores __

Eczema/Psoriasis __

Migraines/Headaches __

Other _____

Additional Client Remarks Comments: _____

Have you ever experienced professional massage or bodywork? Yes No How recently? What are your massage or bodywork goals? _____

What kind of pressure do you prefer? Light Medium Firm

Is there a specific part of your body that you would like for the therapist to work on?

FOOD ALLERGIES/AVERSIONS

Please describe any food allergies and aversions you have: _____

Client Signature _____ Date: _____