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Client Information

ALL AREAS MUST BE FILLED IN. PLEASE PRINT CLEARLY.

Today's Date: _____

Name: _____

Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail: _____

Occupation: _____ Employer: _____

Emergency Contact Name: _____ Number: _____



What brings you to Pilates? _____

Pilates experience? _____

Current workout? _____

List three goals you wish to work on: _____

Please list any injuries/medical conditions: _____

Hobbies: _____

If you were referred, whom may we thank for the referral? _____