



## Client Profile

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Do you exercise regularly? YES NO

If yes, what types of activity or movement do you enjoy? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any Pilates, Yoga, Body Rolling (YBR), or Barre experience? YES NO

If yes, where and how long have you been practicing the method? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you hope to achieve with the Pilates, Yoga, T'ai Chi, or Barre method of exercise? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you currently receiving care from a physical therapist, massage therapist, chiropractor, acupuncturist, or other bodywork professional? YES NO

If yes, please list \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you pregnant? YES NO

Are you a regular smoker? YES NO

Have you recently given birth? YES NO

M2M Studio

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