

Mind Body WORKS

Village Commons, 620 Village Dr., Suite E
Virginia Beach, VA 23454
757-351-3332 | Fax: 757-351-2544

Registration Information (Please Print)

Date: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Client: _____
(Last Name) (First Name) (Initial)

Responsible Party (if a minor): _____

Street Address: _____

City _____ State: _____ Zip Code: _____

Sex: Male__ Female__ Age: __ Birthdate: _____ Marital Status: _____

How did you hear about Mind Body Works?:

Friend/Relative Print/ Online Ad Social Media Other: _____

Employed: __ Unemployed: __ Student: __ School Attending: _____

Patient Employed By: _____

Business Address: _____

Occupation: _____ Business Phone: _____

Spouse's Name: _____

Business Name and Address: _____

Occupation: _____ Business Phone: _____

Who is responsible for this account? _____ Relationship: _____

Social Security #: _____ Spouse's Social Security #: _____

List **all** current medication and state the condition they are used for: _____

List **all** previous surgeries and give dates: _____

___ I have consulted with a physician before starting Pilates

Or

___ I have decided to independently not to consult with a physician because I have no reason to suspect any problems.

I understand and agree that I participate at my own risk.

Client/Responsible Party Signature

Date