

INTERNATIONAL PILATES COLLEGE STUDENT APPLICATION

This information is strictly confidential and will NOT be shared with others than your instructors

PERSONAL QUESTIONNAIRE

Date: ____/____/____

Name: _____ Address: _____
City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Office Phone: _____
Email: _____ Social Network: _____ Skype: _____

Emergency Contact Name: _____
Emergency Contact Info: _____

Birthday: _____ Age: _____ M __ F__ Marital Status: _____ # of Children: _____
Name of your Wife, Husband, or Domestic Partner: _____
Your Children's Names: _____
Your Pets' Names: _____

Education Record: _____
Military Service: _____
Community Service: _____
List Volunteer Work or unpaid Community Service activities; _____

Current Occupation; _____ Work Schedule: _____
Your Occupation Experiences that may influence your Pilates profession: _____

What are your learned or innate talents that you believe will help you in your Pilates profession:
Good Communication Skills, High Intuition, Empathy, Peace Maker, Enthusiasm, Patience, Foreign Languages, Dance, Acting, Social Networking, Marketing, Business, Computers, others:

PLEASE Answer the following questions about YOUR EXERCISE HISTORY

Have you been in a Pilates exercise program before? ____ Type of program: _____
Pilates studio name, location: _____
How often and long did you go? _____
Why did you stop? _____
List fitness programs you participated in: _____
How often and long did you go? _____
What sports programs were/are you involved in? _____

WHO, WHAT, WHY and HOW

Who referred you to us? _____ Contact info: _____
What influenced your decision to choose IPC? _____
What are your life goals? _____
Why do you want to become a Pilates instructor? _____
How can becoming a Pilates instructor help you in achieving your goals? _____

HEALTH HISTORY

*Pilates Teacher Training Programs are physically, mentally and emotionally challenging.
Before starting any exercise program it is recommended that you seek your physician's advice.*

Name of Medical Doctor: _____ Date of last Physical Examination: _____

Doctor's Contact Info: _____

Accidents or Serious Injuries w/dates: _____

Serious illnesses w/dates: _____

Medical Operations w/dates: _____

List medical/physical therapy treatment in the last year _____

What is your current stress level? LIGHT MEDIUM HEAVY NOT SURE

What do you attribute your stress to? _____

WOMEN: Are you pre or postnatal? YES ___ NO ___ Pre or post menopause? YES ___ NO ___

Have you had any physical female issues (unusual sensitivity during cycles, etc.)? YES _ NO _

If so, WHAT? _____

MEN: Have you had any physical male issues (prostrate, hormone, etc.)? YES ___ NO ___

If so, WHAT? _____

Do you have any physical problems that may limit Pilates exercise? YES ___ NO ___

If so, WHAT? _____

Are you on medications that we should be aware of? YES ___ NO ___ WHAT? _____

Please list anything else that may affect your education and that our teachers should be aware of.

PAST-PRESENT-ANTICIPATED MEDICAL SYMPTOMS or CONDITIONS

High Blood Pressure	Cancer	Neck	Shoulder
Heart Disease	Thyroid	Upper Back	Mid Back
Stroke	Other Endocrine	Low Back	What;
Cholesterol	Hyperglycemia	Hip	
Diabetes	Hypoglycemia	Knee	R/L
Abdominal pains	Dizziness Vertigo	Ankles	R/L
Digestive Disorders	Postural Balance	Elbow	R/L
Hernia	Lack of Coordination	Feet	R/L
Asthma	Vision Fluctuation	Toes	
Allergies	Shortness of Breath	Arches	
Sinus	TMJ	Wrist	R/L
Headaches	Unusual Muscle Stiffness	Hand	R/L
Arthritis Where;	Bi-lateral Numbness	OTHER:	
Osteoporosis	Chronic Fatigue Syndrome		

I am in acceptable physical condition for participation in a Pilates program: YES ___ NO ___

All information above is true, accurate & reflects my current physical condition.

SIGNATURE: _____ DATE: _____