##### Mobility Focus focus logoPilates

##### QUESTIONNAIRE

|  |  |
| --- | --- |
| NAME: | EMAIL: |
|  | |
| CURRENT FITNESS PROGRAM(S): | |
|  | |
|  | |
| What are you most interested in learning/improving? | Pilates |
|  | FRC® Mobility Training |
|  | Pilates/FRC® Mobility Training Integration |
|  | |
| How many one-on-one Online or In-studio sessions preferred? | 1-3 times/week |
|  | 1-3 times/month |
|  | 1-3 times/year |
|  | Per instructor recommendations |
|  | |
| Any current pain or injuries? | Yes |
|  | No |
|  | |
| Current fitness goals. List any specific activities. |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | |
| Additional info: | |
|  | |
|  | |