

RECEIVING STAFF \_\_\_\_\_  
DATE \_\_\_\_\_

TriHealth



*Fitness & Health*  
Pavilion

## REFORMER PRIVATES INFORMATION SHEET

Dear Member,

If you are interested in Private or Semi-private sessions on the Pilates Reformer, please complete this sheet and return to the front service desk. The Group Fitness Coordinator will follow-up with you.

Thanks,

Group Fitness Department

### Prices for *Privates*

Package 1:	1 single session	\$50.00
Package 2:	4 sessions	\$188.00/47.00*
Package 3:	8 sessions	\$360.00/45.00*
Package 4:	12 sessions	\$504.00/42.00*

\*indicates per session price

### Prices for *Semi-privates (2 or 3 people)*

*Price listed is per person*

Package 1:	1 single session	\$37.00
Package 2:	4 sessions	\$139.00/34.75*
Package 3:	8 sessions	\$266.00/33.25*
Package 3:	12 sessions	\$372.00/31.00*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

### Preference on Reformer training sessions:

Days: \_\_\_\_\_ Times: \_\_\_\_\_ Number of sessions per week: \_\_\_\_\_

To help us better accommodate you with a Reformer trainer that fits your needs, please answer the questions below:

1. What are your health/fitness goals? Short term goals?

\_\_\_\_\_

Long term goals?

\_\_\_\_\_

3. What motivates you to work out? \_\_\_\_\_

4. Any other information you feel is important regarding your reformer trainer?

\_\_\_\_\_

\_\_\_\_\_

For additional information on reformer training call the group fitness coordinator at 985-0900 ext. 130.

**Please fill out the back of this paper.**

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Do you have experience with: Pilates Mat Pilates Reformer Other, please specify: \_\_\_\_\_

Are you currently taking Pilates Mat Classes? Yes No If no, how long has it been? \_\_\_\_\_

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Please read the questions carefully and answer each one honestly:

Check YES or NO.

YES NO

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? If yes, explain.
2. Do you feel pain in your chest when you do physical activity?
3. In the past month, have you had chest pain when you were not doing physical activity?
4. Do you lose your balance because of dizziness or do you ever lose consciousness?
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? If yes, please explain.
6. Is your doctor currently prescribing medication for your blood pressure or heart condition? List them.
7. Do you know of any other reason why you should not do physical activity? If yes, please explain.
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Additional comments:

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PLEASE RETURN THIS FORM TO THE FRONT DESK. OUR GROUP FITNESS COORDINATOR OR REFORMER TRAINER WILL CONTACT YOU. THANK YOU.