



CLIENT INTAKE PILATES

Please fill out this form completely. All information is confidential and will only be used to help your teacher create a personalized program for you.

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PREFERRED PHONE CONTACT _____ (HOME / CELL / WORK)

PREFERRED EMAIL CONTACT _____

BIRTH DATE _____ OCCUPATION _____

EMERGENCY CONTACT / RELATIONSHIP / PHONE _____

WHAT SPECIFIC HEALTH OR FITNESS GOALS WOULD YOU LIKE TO ACHIEVE?!

PHYSICAL HISTORY: Please note pre-existing conditions, including prior accidents, injuries, surgeries, or medical treatments that involve the following (date of onset / duration / severity / location):

- HEAD / NECK _____
- SHOULDER R / L _____
- ELBOW R / L _____
- HAND R / L _____
- LOWER BACK _____
- MIDDLE BACK _____
- UPPER BACK _____
- RIB CAGE _____
- ABDOMEN _____
- PELVIS _____
- HIP R / L _____
- SI JOINT R / L _____
- KNEE R / L _____
- LOWER LEG R / L _____
- FOOT / ANKLE R / L _____