

Client Information Form

Name _____ Date of Birth _____

Address _____ Phone _____

E-mail address: _____

Occupation _____

Emergency Contact Name _____ Phone _____

How did you find out about us? Web Page Drove by Studio Friend Other

Do you exercise regularly or participate in any sports (Explain)? _____

Have you taken Pilates before (when and where)? _____

Why are taking Pilates now? _____

MEDICAL HISTORY AND CURRENT HEALTH CONDITION

Yes No

 Do you have arthritis or any joint disorders? Explain _____

 Do you have high blood pressure or other heart problems? Explain _____

 Do you have any spinal problems? Explain _____

 Do you have diabetes or glaucoma? Explain _____

 Have you had any recent surgeries or accidents? Explain _____

 Are you pregnant? If yes, how many months?

 Do you have any other medical conditions? Explain _____

 Have you had any pain or other problems with any of the following? (Circle which areas)

Head Shoulder Upper back Ribs Pelvis Legs

Neck Arms Lower back Abdomen Knees Ankles/Feet

Medication Frequency # Years Medication Frequency # Years

Client's Signature _____

Today's Date _____