

## Client Intake Form

To better serve your health and fitness needs, we ask that you please take a few minutes to complete this form. These files are confidential and will only be used by the instructor to better support your needs. Thank you. **PLEASE PRINT CLEARLY.**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

**Would you like to receive occasional studio/class updates via email?** \_\_\_\_\_

(H) Ph: \_\_\_\_\_ (W) Ph: \_\_\_\_\_ (M) Ph: \_\_\_\_\_

Please check the best number to reach you: (H) \_\_\_\_ (W) \_\_\_\_ (M) \_\_\_\_

\*In case of an emergency, please contact: \_\_\_\_\_

(H) Ph: \_\_\_\_\_ (W) Ph: \_\_\_\_\_ (M) Ph: \_\_\_\_\_

Services of interest: Pilates \_\_\_ GYROTONIC® \_\_\_ Rolfing® \_\_\_ Yoga \_\_\_ PBPT \_\_\_ Tai Chi \_\_\_  
Acupuncture \_\_\_ Massage Therapy \_\_\_

1. What specific fitness or health goals do you hope to achieve?

\_\_\_\_\_  
\_\_\_\_\_

2. Please list all previous and current physical activities/exercise?

\_\_\_\_\_  
\_\_\_\_\_

3. Describe your present physical condition. Do you currently experience pain?

\_\_\_\_\_  
\_\_\_\_\_

4. Please list any significant injuries, surgeries, medical treatments, ailments, pregnancies, or illnesses. Check all body parts that are involved and indicate (R) right or (L) left, where appropriate.

\_\_\_ Head \_\_\_ Arm/Elbow \_\_\_ Upper Back \_\_\_ Abdomen \_\_\_ Knee

\_\_\_ Neck \_\_\_ Hand \_\_\_ Mid-Back \_\_\_ Hip \_\_\_ Foot

\_\_\_ Shoulder \_\_\_ Ribs \_\_\_ Lower Back \_\_\_ Pelvis \_\_\_ Ankle

Other: \_\_\_\_\_

5. How did you hear about our studio? \_\_\_\_\_