

## 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.

**PLEASE PRINT CLEARLY.** Thank you!

NAME \_\_\_\_\_ TODAY'S DATE \_\_\_/\_\_\_/

\_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_/\_\_\_/

\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_

PHONE (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_

**\* Would you like to be included in emails regarding general studio updates?  YES  NO**

EMERGENCY CONTACT: \_\_\_\_\_ PHONE # \_\_\_\_\_

\_\_\_\_\_

HOW DID YOU HEAR ABOUT *INSIDEOUT BODY THERAPIES*? (Check one)

Internet Search

Friend/Family/Neighbor: \_\_\_\_\_

*(Please provide name for referral credit.)*

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

Services of interest: <input type="checkbox"/> Pilates <input type="checkbox"/> Pilates-Based PT <input type="checkbox"/> Rolfing® <input type="checkbox"/> Massage Therapy
<input type="checkbox"/> TRX® <input type="checkbox"/> Acupuncture <input type="checkbox"/> _____

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

\_\_\_\_ Shoulder    \_\_\_\_ Hand    \_\_\_\_ Mid/Low Back    \_\_\_\_ Hip/Pelvis    \_\_\_\_ Foot/Ankle

\_\_\_ Low/High Blood Pressure    \_\_\_ Fibromyalgia    \_\_\_ Osteoporosis / Osteopenia

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