

Client Information

First Name: _____ MI: ___ Last Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Work Phone: _____ Fax Line: _____
 E-Mail: _____
 Birth date: _____ Age: _____ Female Male

Physician Information

Physician: _____ MD
 Physician Address: _____
 City: _____ State: _____ Zip: _____
 Office Phone: _____ Fax Line: _____

Emergency Contact

Person to contact in case of an emergency: _____
 Home Phone: _____ Cell Phone: _____
 Work Phone: _____ Relationship to you: _____

Health & Fitness Information

To ensure that your Pilates program is safe and designed to meet your needs, please answer the following:

Do you have any injuries (musculoskeletal), aches or pains? (Recent or old—joint/muscle related) Please describe them.

Are there any other health concerns (systemic)? i.e. asthma, diabetes, high blood pressure, osteoporosis, pregnant, medications...

Are you presently doing other kinds of therapy? i.e. massage, physical, chiropractic...

Are you or were you active in any sports, exercise programs, physical activities? Please describe. _____

What is your occupation? What does your typical day involve physically? i.e. sitting at computer, lifting... _____

Rate your general level of fitness for the following areas:

Cardiovascular Conditioning	Inactive	Low	Moderate	High
Muscular Strength	Weak	Moderate Strength	Very Strong	
Flexibility	Stiff	Moderately Flexible	Very Flexible	

Rate your level of experience with Pilates:

Matwork	Apparatus	Both		
No Experience	Beginner	Intermediate	Advanced	

What are your goals? What do you want most from this program? _____

How did you hear about Honest Movement Pilates? Who can we thank for referring you? _____
