

Client Information

Contact Info.

First Name _____ Last Name _____
Street address _____
City _____ State _____ Zip _____
Cell phone _____ Home phone _____
Work phone _____ Birthday _____ Age _____
Email _____

Emergency Contact Info.

Person to contact in emergency _____
Relationship _____ Best phone number _____

Health History

List all breaks, strains, surgeries/procedures that you've had since birth—yes, since birth!

List medications that you are currently taking _____

Do you have any injuries or pain? Any health concerns, i.e. asthma, diabetes, high blood pressure, osteoporosis, pregnant, back pain?

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

What is your occupation? What does your typical day involve physically?

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

How much Pilates experience do you have?

What are your goals? Why are you here?
