



Client Intake

1. Name: _____ Date: ____/____/____
2. Date of Birth: ____/____/____ Age: _____
3. Cell Phone: _____
4. Home Phone: _____
5. Emergency Contact: Name/Phone _____
5. Email: _____
6. Home Address: _____
7. How did you find out about Pilates Santé? _____
8. Why are you taking Pilates?

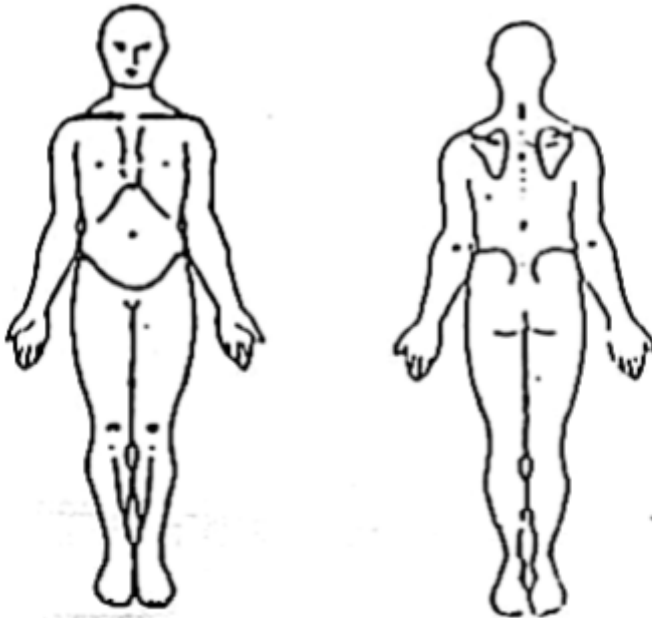
9. What are your fitness or rehabilitative goals?

10. What do you think has limited your ability to achieve these goals so far?

11. How often do you exercise? What type of exercise?

12. What are the physical demands of your occupation or daily activities? (ex.:sitting, standing, driving)

13. Do you have any current injuries? No / Yes (explain). If yes, please mark on body below.



14. What are the biggest problems your injury has caused you?

15. Are you under medical care for these injuries? No / Yes
Physician/Chiropractor/Therapist names: _____

16. Other medical conditions or diagnoses?

17. What medication are you taking, if any?

18. What kind of program or treatment do you think you need?

19. Do you have any concerns or questions?

20. Do you have a history of:

Diabetes	No	Yes
Glaucoma	No	Yes
Gastric reflux	No	Yes
High blood pressure	No	Yes is it under control? _____
Surgery to your head, neck or spine	No	Yes _____
Abdominal surgery	No	Yes _____
Shoulder injury	No	Yes _____
Knee injury	No	Yes _____
Ankle injury	No	Yes _____
Wrist injury	No	Yes _____
Fractures	No	Yes _____
Osteoporosis or Osteopenia	No	Yes
When was your most recent bone density test? _____		Were the results: mild / mod / severe?
Rheumatoid arthritis	No	Yes
Osteoarthritis	No	Yes
Are you currently pregnant?	No	Yes
Cancer	No	Yes _____