CANVAS
PILATES

New Client Intake Form

Date:_____

Name:_____ DOB:_____ Age:_____

Address:_____

Email:_____ Tel: ( )_____

Emergency Contact (Name/Tel Number):_____ Relation:_____

Occupation:_____ Referred by:_____

Please note that any information shared on this form is confidential. We will use this information for the purpose of creating a safe & effective pilates program for your needs.

What are your overall health and fitness goals for participating in Pilates?

_____

_____

Have you ever practiced Pilates before? YES/NO If Yes, how long have you been practicing? _____

Do you experience any current pain? YES/NO Please indicate by indicating below where pain is located:
___Head ___Neck ___Shoulders ___Back (Upper/Mid/Lower)
___Arms (R/L) ___Hands (R/L) ___Glutes ___Legs (R/L) ___Knees(R/L)
___Hips/Pelvis (R/L) ___Ribs ___Abdomen
Please elaborate below:

_____

_____

Have you had any injuries/surgery? Please indicate date & describe.

_____

_____

Please indicate if you have any conditions or take any medication that can impact your physical activity or that we should be aware of?

_____

_____

Are you currently pregnant? YES/NO If yes, how many weeks?_____
Have you given birth in the last 6 months? _____

Does your doctor know that you're participating in an exercise program? YES/NO
Doctor/Physician Name & Telephone Number_____

CANVAS
PILATES

Describe your weekly physical activity.
ACTIVITY # OF TIMES/WEEK

_____
_____
_____
_____

Anything else we should know about?

_____
_____