

CLIENT INTAKE FORM

Welcome to **ALOTAPILATES**. It is our mission to empower you to be in control of your own health and wellbeing through the Pilates Method. To better serve your health and fitness needs, we ask that you please take a few minutes to complete this form. Thank you.

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Birth Date _____ Occupation _____

Email address: _____

1. What specific fitness or health goals do you hope to achieve through the Pilates Method?

2. List all previous and current activities/sports.

3. Describe your present physical condition.

4. Describe your physical history, listing injuries, ailments, illnesses, surgeries, pregnancies, and any other significant medical treatments. Check all body parts that are involved. Where appropriate, please specify Right (R) or Left (L). Also, please note anything else we should be aware of.

____ Head ____ Arm/Hand ____ Lower Back ____ Hips/Pelvis

____ Neck ____ Upper Back ____ Ribs ____ Knee

____ Shoulder ____ Middle Back ____ Abdomen ____ Ankle/Foot

5. How did you find out about **ALOTAPILATES**?
