



CLIENT INTAKE FORM

Name _____ Date _____ E-mail _____
Preferred Phone _____ Secondary Phone _____ Occupation _____
Address _____ City _____ State _____ Zip _____
Date of Birth _____ Emergency Contact _____ Phone _____

Thank you for providing the following information. Your privacy is important to us. The information you give to us will be confidential, and meant only to be used as an aid in determining a safe and effective workout for you.

Do you have or have you had any of the following conditions?

- | | | |
|------------------------------|-------------------|-------------|
| Arthritis (osteo/rheumatoid) | Allergies/Asthma | Hip R / L |
| Multiple Sclerosis | Heart Condition | Knee R / L |
| Osteoporosis/Osteopenia | Diabetes | Ankle R / L |
| High / Low Blood Pressure | Vertigo | Foot R / L |
| Fibromyalgia | Cancer | Shoulder |
| Stenosis | Spondylolisthesis | Arm R / L |
| Scoliosis | Sciatica | Wrist R / L |
| Carpal Tunnel Syndrome | Plantar Fasciitis | Hand R / L |
| Back Pain | Neck Pain | Ribs |
| Thoracic Outlet Syndrome | Pelvis | |

Please explain any items checked above:

What specific goals do you hope to achieve through the Pilates Method?

List current physical activities

How did you hear about Rebound Pilates? _____

Signature _____ Date _____
(Parent/Guardian if under 18)

