



# Pilates Body Art Fitness

## Client Intake Form

Please complete this form thoroughly so we can help you get fit for life.

Client's Name \_\_\_\_\_ Email \_\_\_\_\_

Phone Number \_\_\_\_\_

**GOALS:** What would you like to focus on during your Pilates Session?

Mark all applicable goals with an x, and circle highest priority.

Flexibility \_\_\_\_\_ Endurance \_\_\_\_\_ Strength \_\_\_\_\_ Weight Loss \_\_\_\_\_ Rehabilitation

\_\_\_\_\_ Sports Conditioning \_\_\_\_\_ Stress Management \_\_\_\_\_ Pain Reduction \_\_\_\_\_

Other \_\_\_\_\_

Is there anything special we should know about your goals? \_\_\_\_\_

### EXERCISE BACKGROUND

How often do you exercise? \_\_\_\_\_

How long are your exercise sessions? \_\_\_\_\_

What level of intensity do you work out?

\_\_\_\_\_ Very Light \_\_\_\_\_ Light \_\_\_\_\_ Moderate \_\_\_\_\_ Heavy

Do you have any past Pilates training? If yes, where and what is your experience?

\_\_\_\_\_

What type of exercise do you like? \_\_\_\_\_

What do you feel your current condition is? \_\_\_\_\_

**HEALTH HISTORY**

Did a Friend, Physician, Physical Therapist, or other medical professional refer you here? Y/ N

Who may we thank? \_\_\_\_\_

May we contact your health professional, or did they send instructions?

Medical Professional's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please check any that may apply:

\_\_\_ Allergies: If yes, please list \_\_\_\_\_

\_\_\_ Arthritis: Type? \_\_\_\_\_

\_\_\_ Asthma: Do you carry an inhaler with you? \_\_\_\_\_

\_\_\_ Back Pain: If yes, please describe \_\_\_\_\_

\_\_\_ Cancer: Type? \_\_\_\_\_

\_\_\_ Active or Remission? How long? \_\_\_\_\_

\_\_\_ Chronic Fatigue Syndrome

\_\_\_ Cystic Fibrosis

\_\_\_ Diabetes: Type 1 or Type 2? \_\_\_\_\_

\_\_\_ Emphysema

\_\_\_ Fainting: Current or past? \_\_\_\_\_

\_\_\_ Fibromyalgia

\_\_\_ Fractures: If yes, please explain \_\_\_\_\_

\_\_\_ Heart Conditions: If yes, please explain \_\_\_\_\_

\_\_\_ High Blood Pressure

\_\_\_ High Cholesterol

\_\_\_ Joint Problems: If yes, please explain \_\_\_\_\_

\_\_\_ Menopause

\_\_\_ Migraines

\_\_\_ Muscle Cramps

\_\_\_ Multiple Sclerosis

\_\_\_ Osteoporosis/Osteopenia

\_\_\_ Scoliosis: Type of curvature \_\_\_\_\_

\_\_\_ Seizures

\_\_\_ Shortness of Breath

\_\_\_ Stroke: If yes, date? \_\_\_\_\_

\_\_\_ Thyroid Disease: Hyper or Hypo? \_\_\_\_\_

\_\_\_ Vertigo

Are there any other conditions that we may need to be aware of to safely engage you in an exercise program?

\_\_\_\_\_

Are you presently doing other kinds of therapy? \_\_\_ Acupuncture \_\_\_ Chiropractic  
\_\_\_ Massage \_\_\_ Physical Therapy \_\_\_ Other

# Acknowledgement of Risk and Waiver of Liability

I understand that I, \_\_\_\_\_, will be participating in a fitness program through Pilates Body Art Fitness that will require physical exertion. Before beginning this program, I was asked by my instructor whether I have any physical limitations, or whether I am taking any medications or receiving any medical treatment that might make it unsafe for me to participate in this fitness program. There is no such limitation, medication, or medical treatment other than those I have written on the attached sheet. I understand that, by signing this statement, I am agreeing to not hold Pilates Body Art Fitness or any of its employees, owners, agents, or insurers responsible for any bodily injury or property damage that may suffer as a result of my participation in a fitness program through Pilates Body Art Fitness whether at Pilates Body Art Fitness, at home, or elsewhere. As such, I understand and agree that Pilates Body Art Fitness, its employees, owners, agents, or insurers shall not be liable for any bodily injury or property damage that may result either directly or indirectly from my participation in a fitness program through Pilates Body Art Fitness.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

# Cancellation and Payment Agreement

Life gets in the way sometimes for everyone with that in mind please respect our time as well. Pilates Body Art Fitness chooses to charge the standard, full session price for a late cancellation or no-show. If an appointment is cancelled with less than 24 hours notice, or if you do not attend a scheduled appointment, a full session will be charged or deducted from your prepaid package. All Sessions must be prepaid non transferable or refundable. If you have not prepaid, please make payment at your next scheduled appointment.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date