



## CLIENT INTAKE FORM

**Name:**

**Email:**

**Phone:**

**Date of Birth:**

**Emergency Contact Name & Number:**

**How did you hear about Core 6 Pilates?**

1. What is your current activity level? (e.g. walking 2 days a week, spinning once a week, etc)

2. What is your occupation? What does a typical day involve for you physically (e.g. sitting at a computer, on your feet 8 hours, etc)?

3. Have you had, or do you currently have, any of the following conditions?  
(Check the boxes that apply)

- Unidentified Back Pain
- Spondylolisthesis
- Stenosis
- Disc issues
- Osteoarthritis

- Rheumatoid Arthritis
- Osteoporosis
- Osteopenia
- Neurological disease (e.g. Parkinson's disease, Multiple Sclerosis, Lou Gehrig's)

- |  |   |
|--|---|
| <input type="checkbox"/> Peripheral Neuropathy (sciatica, tingling, loss of sensation) | <input type="checkbox"/> Hypermobility or EDS               |
| <input type="checkbox"/> Total hip replacement   | <input type="checkbox"/> Heart Disease                      |
| <input type="checkbox"/> Shoulder impingement  | <input type="checkbox"/> Pelvic Floor dysfunction or injury |
| <input type="checkbox"/> Carpal tunnel syndrome  | <input type="checkbox"/> Glaucoma                           |
| <input type="checkbox"/> Vertigo   | <input type="checkbox"/> Diastasis Recti                    |
| <input type="checkbox"/> High blood pressure   |   |

Please provide more detail to any conditions checked above:

4. Do you have any current aches/pains, injuries, surgeries, illnesses or conditions not listed above that we should be aware of?
  
  
  
  
  
  
  
  
  
  
5. Do you take any medications we should be aware of? If yes, please list.
  
  
  
  
  
  
  
  
  
  
6. Have you had any experience with Pilates? If so, mat or apparatus, or both? When and for how long?
  
  
  
  
  
  
  
  
  
  
7. Please list some goals you have in regards to Pilates and/or physical fitness in general.