



## Client Information Form

Welcome to Pilates of Palm Beach. It is our mission to empower you to be in control of your health and well being 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: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthday: \_\_\_\_\_

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

- Lose Weight       Strengthen Muscles       Balance  
 Mind/Body Connection       Stress Reduction       Other  
 Medical Reason: \_\_\_\_\_

2. List all current and previous activities.

- Yoga    Aerobics    Skiing    Biking    Hiking    Running    Golf  
 Weight Lifting    Swimming    Climbing    Pilates    Walking    Dance

3. Describe your present physical condition:  Fair       Good       Excellent

4. Describe your physical history:

Injuries/Surgeries: \_\_\_\_\_

Aliments/Illnesses: \_\_\_\_\_

Pregnancies: \_\_\_\_\_ Other: \_\_\_\_\_

Please specify which areas of your body are currently affected.

- Head    Arm/Hand    Lower Back    Hip/Pelvis    Neck    Shoulder  
 Upper Back    Ribs    Knee    Mid Back    Abdomen    Ankle/Foot

5. How did you hear out about Pilates of Palm Beach? \_\_\_\_\_