



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: _____

Ailments/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? _____