



Client Information and Health History Form

Name: _____ Today's date: _____

Birth Date: _____ Occupation: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

Referred By: _____

1. What specific health or fitness goals do you hope to achieve with Pilates exercise?
(Please circle or write in all that apply):

Weight loss - Muscle strengthening - Reduce stress - Mind/body connection - Balance -
Posture - Sport Specific training: _____ Other: _____

Specific Target Area: _____

Other goal(s): _____

2. List all current regular activities/exercise:

3. Describe your present physical condition:

Poor - Fair - Good - Excellent _____

(Please complete back side)

4. Describe your physical health history, current or previous (please include dates):

Injuries/Surgeries: _____

Ailments/Illnesses: _____

Treatments/Restrictions: _____

5. Do you currently have pain? Yes____ No____

6. If yes, where is your pain/problem?

7. What previous therapies or treatments have you had for this pain/problem?

8. Any other information you wish to include:

Client Signature: _____