

CANDICE PILATES

CLIENT INTAKE FORM

Name *

First Name Last Name

Birthdate *

Month Day Year



Phone Number *

Area Code Phone Number

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Email *

example@example.com

How did you hear about Candice Pilates? *

Please list any major health issues/ current conditions you have (i.e. herniated disk, stenosis, osteoporosis, low/high blood pressure, arthritis, asthma, diabetes, pregnancy, etc.): *

Please list any major accidents or operations. If applicable, did you have physical therapy for the below listed incident? *

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What are your current fitness activities? How often? *

Please describe any prior experience with the Pilates method *

What are your goals from pilates training? *

Are you comfortable with physical touch? *