



Pilates Studio Client Intake Form

Personal Information

Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Email Address: _____

Health Information

- **Are you currently pregnant?** ☐ Yes ☐ No
- **Do you have any of the following conditions? (Please check all that apply)**
 - ☐ Heart Disease ☐ High Blood Pressure ☐ Low Blood Pressure ☐ Diabetes ☐ Asthma
 - ☐ Epilepsy ☐ Osteoporosis ☐ Joint Problems ☐ Back Problems ☐ Recent Surgeries
 - ☐ Chronic Pain ☐ Other (please specify): _____
- **Do you smoke?** ☐ Yes ☐ No
- **Do you take any medications?** ☐ Yes (please list): _____ ☐ No
- **Have you ever experienced any injuries?**
 - ☐ Yes (please specify): _____ ☐ No
- **Do you have any allergies?**
 - ☐ Yes (please specify): _____ ☐ No

Fitness Goals and Experience

- **What are your main fitness goals? (Please check all that apply)**
 - ☐ Weight Loss ☐ Muscle Toning ☐ Flexibility ☐ Stress Relief
 - ☐ Rehabilitation ☐ General Fitness ☐ Other (please specify): _____
- **How would you rate your current fitness level?**
 - ☐ Beginner ☐ Intermediate ☐ Advanced
- **Have you practiced Pilates before?**
 - ☐ Yes ☐ No

- If yes, for how long? _____
- How often do you exercise per week?

☐ 0-1 times ☐ 2-3 times ☐ 4-5 times ☐ 6+ times
- Do you participate in any other forms of exercise?

☐ Yes (please specify): _____ ☐ No

Additional Information

- Do you have any specific concerns or areas you would like to focus on during your Pilates sessions?

- How did you hear about our studio?

☐ Friend/Family ☐ Internet Search ☐ Social Media ☐ Advertisement
☐ Other (please specify): _____

Consent and Acknowledgment

Participant's Consent:

I, the undersigned, acknowledge that I have voluntarily chosen to participate in the Pilates classes, sessions, or activities offered by [Pilates Studio Name]. I understand that the practice of Pilates involves physical exertion and movement, which can sometimes cause injury or discomfort.

Health Disclosure:

I confirm that the information I have provided regarding my health, medical conditions, and physical limitations is accurate and complete. I understand that it is my responsibility to update the instructor with any changes to my health status or physical condition.

Assumption of Risk:

I understand that participation in Pilates activities carries certain inherent risks, including but not limited to, physical injury, muscle strain, or cardiovascular incidents. I assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in these activities.

Release of Liability:

I hereby release, waive, and discharge [Pilates Studio Name], its owners, instructors, employees, and agents from any and all liability, claims, demands, or causes of action that I may have arising out of my participation in Pilates activities, whether caused by negligence or otherwise.

Medical Clearance:

I acknowledge that it is my responsibility to consult with a physician prior to participating in any Pilates activity if I have any pre-existing medical conditions or concerns about my physical ability to participate.

Emergency Treatment:

In the event of a medical emergency, I authorize [Pilates Studio Name] to seek emergency medical treatment on my behalf. I understand that I am responsible for any costs incurred as a result of such treatment.

Privacy and Data Protection:

I understand that the information I have provided will be kept confidential and used only for the purposes of managing my participation in Pilates activities and ensuring my safety and well-being.

Agreement to Terms:

By signing below, I confirm that I have read, understood, and agree to the terms and conditions outlined in this Consent and Acknowledgment section. I understand that I can ask questions and seek clarification about any part of this agreement before signing.

Participant's Signature: _____ **Date:** _____