

TruForm Pilates
Client InTake Form

To better serve your health and fitness needs, we ask that you please take a few minutes to complete this form:

First Name:		Last Name:	
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Address Line 1:			
Address Line 2:			
City:		State:	
		ZIP:	

Home Phone:		Mobile Phone:	
Email Address:			

Birthdate:	
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HOW DID YOU FIND OUT ABOUT TRUFORM PILATES?

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WHAT SPECIFIC FITNESS OR HEALTH GOALS DO YOU HOPE TO ACHIEVE THROUGH PILATES?

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LIST PREVIOUS AND CURRENT ACTIVITIES/SPORTS?

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DESCRIBE YOUR PRESENT PHYSICAL CONDITION.

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DESCRIBE YOUR PHYSICAL HISTORY, LISTING INJURIES, AILMENTS, ILLNESSES, SURGERIES, PREGNANCIES AND ANY OTHER SIGNIFICANT MEDICAL TREATMENTS.

CHECK ALL BODY PARTS THAT ARE INVOLVED. ALSO, PLEASE NOTE ANYTHING ELSE WE SHOULD BE AWARE OF.

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Knee |
| <input type="checkbox"/> Arm/Hand | <input type="checkbox"/> Shoulder |
| <input type="checkbox"/> Lower Back | <input type="checkbox"/> Middle Back |
| <input type="checkbox"/> Hips/Pelvis | <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Ankle/Foot |
| <input type="checkbox"/> Upper Back | |
| <input type="checkbox"/> Ribs | |

OTHER COMMENTS

I understand that 24 hours notice is required to re-schedule a session and that I will be charged for a session not cancelled within this time period. _____ (please initial)

Signature: _____ Date: _____