

# Intake Form

## Personal Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

## Birth & Postpartum (if applicable)

All birth/delivery types: \_\_\_\_\_

Children's names & birth dates: \_\_\_\_\_

### Circle any that apply to you:

- Diastasis rectus abdominis
- Low back/SI joint/pubis pain
- Urinary leakage (any at all)
- Prolapse
- Umbilical hernia

Are you currently seeing a pelvic health physiotherapist? Yes / No

Have you been cleared by a pelvic health physiotherapist? Yes / No

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Fitness Information

What are your top three fitness goals?

(minimum one action goal; i.e. I will attend one class per week)

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Do you currently have any physical ailments we should know about?

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## Favourites

What are five of your favourite things? (treats, places, people, shows, anything!!)

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