

Client Name: _____

Date: _____

1. **What are your health and fitness goals?**

2. **What is your Pilates experience, if any?**

3. **Please describe your job and your hobbies.**

4. **Please list any regular body work you receive, e.g., Chiropractic, Massage, etc.**

5. **Do you currently have small children?**

6. **Have you had surgery in the past 2 years? If yes, please explain.**

7. **Are you currently taking any medications? If yes, please explain.**

7. **Do you have a history of? (Circle all that apply)**

Fainting	Heart Attack	Stroke	Spinal Injury	Head Injury
Seizure	Allergies	Allergies	Headaches/Migraines	Back/Neck Pain

8. **Current Medical/Physical Conditions (Circle all that apply)**

Back Trouble	Neck Trouble	Shoulder Problems	Knee Problems
Joint Problems	Asthma	Glaucoma	Hyper-Hypotension
Diabetes	High Anxiety	I smoke	Bleeding/Clotting Disorder
Pregnant	Breastfeeding	Dizziness during exercise	Scoliosis

9. **Other medical concerns? Please specify:**

Please turn over the page to continue the health intake form →

10. Have you been released to exercise by a physician?

Yes

No

Health intake form signed by: _____
Client Name (Please print)

Health intake form taken by: _____
Trainer Name (Please print)