



PURE PASSION PILATES

Client Information Intake Form

Pure Passion Pilates, LLC

Welcome to Pure Passion Pilates. We are delighted to have you here, and we are dedicated to making your experience in our studio an enjoyable and beneficial one. Please fill out the following information. This is confidential, and we will never give it out to anyone not affiliated with Pure Passion Pilates without your written consent.

It is important that you are clear and thorough with us about your history and physical ailments so that we can customize your workout to prevent further injury.

NAME: _____ DATE: _____

TELEPHONE: (H) _____ (W) _____ (M) _____

EMAIL: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

OCCUPATION: _____

HEIGHT: _____ WEIGHT: _____ BIRTHDATE: ____ / ____ / ____

EMERGENCY CONTACT/RELATIONSHIP: _____ PHONE: _____

HOW WERE YOU REFERRED TO US? _____

DO YOU HAVE (OR HAVE YOU EXPERIENCED) ANY OF THE FOLLOWING CONDITIONS:

- | | | |
|---|--|--|
| <input type="checkbox"/> ULCER | <input type="checkbox"/> ABDOMINAL/BOWEL DISORDER | <input type="checkbox"/> DIABETES |
| <input type="checkbox"/> SCOLIOSIS | <input type="checkbox"/> HIGH BLOOD PRESSURE | <input type="checkbox"/> HEART DISEASE |
| <input type="checkbox"/> SEIZURE | <input type="checkbox"/> SWELLING IN JOINTS | <input type="checkbox"/> NECK PAIN |
| <input type="checkbox"/> ARTHRITIS | <input type="checkbox"/> CESAREAN SECTION | <input type="checkbox"/> ASTHMA |
| <input type="checkbox"/> VARICOSE VEINS | <input type="checkbox"/> HERNIATED DISK (LOCATION) _____ | |

BACK PAIN (CIRCLE – UPPER/MID/LOWER) PLEASE EXPLAIN: _____

CANCER - PLEASE EXPLAIN: _____

OTHER – PLEASE EXPLAIN: _____

PLEASE LIST (WITH DATES) PHYSICAL INJURIES/SURGERIES YOU HAVE HAD? _____

PLEASE LIST ANY AND ALL MEDICATIONS YOU ARE TAKING: _____
