

# One On One PT-Pilates

## Client Intake Form

1. Name

---

2. Date of Birth

---

3. How did you hear about us?

---

4. Please list any major issues you have; i.e low/high blood pressure, arthritis, asthma, diabetes etc.

---

5. Please list any major accidents or surgeries. Is this current or impacting your exercise?

---

6. Any limitations? i.e kneeling, weight bearing on wrists, difficulty with balance?  
Other?

---

7. What are your hobbies or activities? What other forms of exercise do you routinely participate in?

---

8. What are your goals in participating in our program?

---

9. What does a typical day look like; i.e amount of sitting or repetitive activities?

---

10. Do you have any previous Pilates experience? Private or group? What method?

---

---

---

---

---

11. Who is on your care team? What other providers or practitioners do you see?

---

12. Sign and date

---

---