

Atlas Pilates Client Intake Questionnaire

Confidential

Date:

First Name

Last Name

Email

Telephone Number

Mailing Address

City, State

Zip Code

What is the Best Way to Reach you?

Emergency Contact Name

Emergency Contact Telephone Number

Date of Birth

How Did You Hear About Us?

Have You Done Pilates Before?

Where was Your Pilates Experience?

Do you have Any Doctor-Ordered Activity Restrictions?

If So, Please Explain

Have You Had any Surgeries?

When was Your Surgery

Do You Have Any Injuries?

When were you Injured?

Please Describe Your Injuries:

Have You Ever Broken Bones?

Have You Had Muscle Strains or Sprains?

Have You Injured Ligments or Tendons?

Have You Injured Joints or Cartilage?

Have You Experienced Chronic Pain?

Have You Had Back Pain or Spasms?

Have You Had Injuries that Required a Doctor's Visit?

Have You Had Injuries that Required Physical Therapy?

Do You Have High Blood Pressure?

Have You Had Heart or Circulation Disorders?

Do you or Have You Ever Experience Seizures?

Have you Had Cancer?

Do you Have Arthritis?

Are You Pregnant?

Have you Given Birth?

If So, How Many Children?

Do You Exercise Regularly?

What Type of Exercise Do You Do Regularly?

How Often do you Exercise?

What kinds of Exercise do you Like Most?

Do You Participate in Any Sport?

Are you/ Have you been an Athlete?

Are you Taking any Medications?

What Medications?

Goals:

What are Your Goals?

Flexibility

Strength

Breathing Control

Sports Conditioning

Weight Loss

Stress Management

Post-Rehabilitation

How Long Do you Expect That It

Will Take for You to Reach Your Goals?