Atlas Pilates Client Intake Questionnaire

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?

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? 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?	If So, How Many Children?
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? 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	
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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	How Often do you Exercise?
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Strength Breathing Control Sports Conditioning Weight Loss Stress Management Post-Rehabilitation How Long Do you Expect That It	What are Your Goals?
Breathing Control Sports Conditioning Weight Loss Stress Management Post-Rehabilitation How Long Do you Expect That It	Flexibility
Sports Conditioning Weight Loss Stress Management Post-Rehabilitation How Long Do you Expect That It	Strength
Weight Loss Stress Management How Long Do you Expect That It	Breathing Control
Stress Management Post-Rehabilitation How Long Do you Expect That It	Sports Conditioning
Post-Rehabilitation How Long Do you Expect That It	Weight Loss
How Long Do you Expect That It	Stress Management
	Post-Rehabilitation
Will Take for You to Reach Your Goals?	How Long Do you Expect That It
	Will Take for You to Reach Your Goals?