



CLIENT FORM

NAME _____ DATE _____

ADDRESS _____ P/CODE _____

PHONE _____ MOBLIE _____

EMAIL _____ DOB _____

OCCUPATION _____

HOW DID YOU HEAR ABOUT POWERFIT PILATES? _____

WOULD YOU LIKE TO RECEIVE SPECIAL OFFERS OR BE NOTIFIED OF CLASS AVAILABILITIES VIA TEXT MESSAGE? YES NO

MEDICAL HISTORY

Do you have any injuries, aches, pains, or health conditions? Are they current or past?

Please circle any that may apply:

- | | | | |
|------------|-------------------------|---------------|-----------------------------------|
| High Blood | Pressure Heart Problems | Muscle Cramps | Shortness of Breath |
| Diabetes | Joint Problems | Pregnancy | Vertigo |
| Fractures | Chronic Illness | Chronic | Fatigue Menopause |
| Seizures | Asthma | Osteoporosis | Scoliosis Cancer |

DESCRIBE _____

Back Pain – Describe _____

Past Surgeries – Describe, including dates _____

Current Medications _____

Do you have any other health concerns you'd like to share? _____

Are you presently doing other kinds of therapy? E.g. massage, physical therapy, chiropractic



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