



CLIENT INTAKE FORM

NAME	_____	DATE	_____
ADDRESS	_____	CITY	_____
STATE	_____	ZIP	_____
WORK PHONE	_____	CELL PHONE	_____
BIRTH DATE	_____	OCCUPATION	_____
EMAIL ADDRESS	_____		

What specific fitness goals do you hope to achieve through the Pilates Method?

List all previous and current activities/sports.

Describe your physical condition.

Describe your physical history, listing injuries, illnesses, ailments, surgeries, pregnancies, and any other significant medical treatments. Check all body parts that are involved and where appropriate, please specify Right "R" or Left "L". Please note anything else we should be aware of.

Head		Arm/ Hand		Lower Back		Hips/ Pelvis	
Neck		Upper Back		Ribs		Knee	
Shoulder		Middle Back		Abdomen		Ankle/ Foot	

How did you hear about Mogo Pilates?