



HILLS PILATES STUDIO INTAKE FORM

Welcome to the Hills Pilates Studio! Please take a moment to fill out the questions below.

Name: _____ Today's Date: _____

Date of Birth: _____ Cell Phone: _____

Email address: _____ Hills Membership# , if applicable: _____

If you are attending a class today, please provide a credit card for payment for services (we accept VISA, MasterCard, American Express) :

_____ Exp. Date: ____/____/____ Verification Code: _____

1. How did you hear about our studio? _____

2. Do you have any injuries, aches or pains? (Recent or old). Please describe them. _____

3. Are there any health concerns? e.g. asthma, diabetes, high blood pressure, medications.... _____

4. Are you presently doing any kind of therapy? e.g. massage, physical therapy, chiropractic...

5. Are you or were you active in any sports, exercise program, physical activity? Please describe:

6. Have you had any past training in the Pilates method? If yes, where and for how long? _____

7. What is your occupation? What does a typical day involve physically? e.g. computer work, lifting.

8. What are your goals with the Pilates training? What do you want from this program? _____

