

# YOUR BODY<sup>®</sup>

## P I L A T E S

		Date _____
_____ Last Name	_____ First Name	_____ Home Phone
_____ Home Address		_____ Cell Phone
_____ City	_____ State / Zip / Country	_____ Work Phone
_____ Company	_____ Occupation / Title	_____ Email

Please list pertinent health issues (i.e., low/high blood pressure, arthritis, asthma, diabetes, etc.):

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Please note any physical issues below and on the figures to the right:

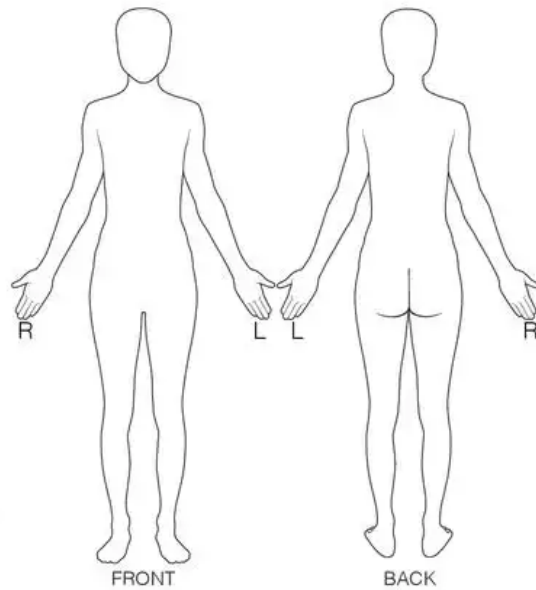
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Please list other forms of exercise that you routinely participate in:

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What are your goals for participating in this program?

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- 
- 



Please mark any areas which are causing discomfort.

FOR OFFICE USE ONLY	_____ Desc. Title
	_____ Relation

Client Intake Form