

ALASKA BRAIN AND SPINE PILATES

Client Information Form

Welcome to Alaska Brain and Spine Pilates. It is our mission to empower you to be in control of your own health and well being through Pilates. To better serve your health and fitness needs, we ask that you please take a few minutes to complete this form.

Thank you!

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Cell Phone _____

Birth Date _____ Occupation _____

Emergency Contact _____ Telephone _____

What specific fitness or health goals do you hope to achieve through Pilates?

List all previous and current physical activities.

Describe current physical condition.

Describe your physical history, including injuries, ailments, illnesses, surgeries, pregnancies, and any significant medical treatments. Check all body parts that are involved. Where appropriate, please specify right or left.

Head _____ Arm/hand _____ Low back _____ Hip/Pelvis _____

Neck _____ Upper back _____ Ribs _____ Knee _____

Shoulder _____ Mid back _____ Abdomen _____ Ankle/foot _____

Description of any of the above:
