

Holland Pilates Intake Form

Name:

Phone number:

Email:

Emergency contact:

GOALS

What would you like your focus to be during your Pilates sessions?

Mark all applicable goals with an X, and circle your highest priority.

Flexibility Endurance Strength Weight loss

Rehabilitation Sports conditioning Stress management

Pain reduction Other

How long do you expect it will take to achieve your goals? _____

How do you feel about your overall health and well being?
(Scale of 1-10, 10 being excellent) _____

Is there anything special I should know about your goals? _____

EXERCISE BACKGROUND

How often do you exercise? _____

How long are your exercise sessions? _____

What level of intensity do you exercise?

___Very light ___Light ___Moderate ___Heavy

How often do you do Pilates? (Include home workouts.) _____

What type of exercise do you like? _____

Have you ever been a competitive athlete? _____

If yes, what sport? _____

What do you feel your current condition is? _____

HEALTH HISTORY

Did a Physician, PT, or other medical professional suggest Pilates? Y N

If yes, did your referring medical professional send instructions? Y N

Are you under any medical restrictions? Y N

Are you pregnant? Y N

If yes, current month: _____ and Due Date: _____

Comments, questions, or concerns?

Y	N	CONDITION	ONSET/DURATION/SEVERITY/LOCATION
		Lower Back Issues	
		Upper Back Issues	
		Neck Problems	
		Disc Issues	
		Scoliosis	
		Hip/Knee/Ankle Issues	
		Foot Issues	
		Shoulder Issues	
		Repeated shoulder dislocations	
		Difference in Leg Length	
		Tendon/Ligament/Muscle Strains	
		Arthritis? Type?	
		Joint Replacement	
		Osteoporosis	
		Headaches	
		Neurological Conditions (MS, Parkinsons, etc)	
		Numbness/Tingling	
		Vertigo/Dizziness	
		High/Low Blood Pressure	
		Heart/Circulation Disorders	
		Seizures	
		Diabetes	
		Cancer	
		Abdominal Surgery (Hysterectomy, C-section, Hernia)	
		Sciatica	
		Other Musculoskeletal Issues	
		Other problems or concerns	

I agree to the following terms and conditions for participation in an exercise program at Holland Pilates.

24 HOUR CANCELLATION POLICY

I understand that there is a 24 hour cancellation policy and that if I cancel a class or lesson for any reason with less than 24 hours notice, I will still be responsible and agree to pay for the full session cost.

RELEASE OF LIABILITY

I have volunteered or I have enrolled my child to participate in a Pilates exercise program. I know that I have the right to choose what exercise I do or do not perform in addition to withdrawing from any exercise at any time. I understand that every effort will be made to minimize the likelihood of injury through an initial evaluation and supervision during exercise. To my knowledge, I do not have any limiting physical condition or disability that would preclude such an exercise program offered by Holland Pilates, and I will inform Holland Pilates if my status changes. I also understand that a physician's examination is recommended prior to involvement in any new fitness program.

I waive any possibility of personal damage that may be blamed on Holland Pilates. I accept responsibility for requesting an exercise program provided by Holland Pilates. I understand that no responsibility is assumed by the owners of Holland Pilates.

I HAVE READ THE TERMS AND CONDITIONS FOR PARTICIPATION INCLUDING THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's signature and date

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of all the Releasees, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above to the fullest extent permitted by law.

Parent/Guardian's Signature and date