



## Client Intake Form

*Please answer each of these questions as accurately as you can. Should you have any questions, feel free to ask. Your responses will be treated in a confidential manner.*

*Be sure to sign the waiver on page 3.*

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Preferred Pronouns** \_\_\_\_\_

**Date of Birth:** Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Preferred Contact Method (circle one):** Cell phone      Email      Text

**Emergency Contact Information:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**How did you hear about me? (If referred, please include the person's name.)**

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**General Medical:** Please list any of the following: medical conditions, major illnesses, surgeries, medication and allergies.

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**Musculoskeletal:**

**Describe any current pain, soreness stiffness, numbness or loss of mobility.**

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**Describe any injuries, broken bones, sprains, strains or major accidents in the past.**

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**Describe your exercise regimen.**

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**What are your current fitness goals?**

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**What is your availability (indicate days and times)?**

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# Informed Consent

I, the client, have voluntarily chosen to participate in an exercise program with Christina Briggs and Christina Pilates & Movement. I make the following acknowledgements:

- 1- I have disclosed any information necessary to determine my safety and physical health while participating in this program.
- 2- Information concerning my progress and participation will be treated as privileged and confidential and will not be released to any person other than program staff without my consent.
- 3- I accept complete responsibility for my health and well being in this voluntary program. I hereby knowingly waive any potential claims for personal injury which may be held against Christina Briggs, Christina Pilates & Movement or Pilates on Page.
- 4- I recognize that the possibility of certain changes during exercise may exist. They include, but are not limited to abnormal blood pressure, fainting, disorders of the heartbeat and in rare instances, heart attack.
- 5- I hereby acknowledge I do not have any limiting condition or disability which would preclude my participation in an exercise program.
- 6- I have read this document in its entirety or it has been read to me. Any questions I might have, have been answered to my satisfaction.

**Appointment cancellations made with less than 24-hour notice will be charged full price of the session.**

**Promotional value is valid through one year from purchase date. Paid value does not expire. Refunds may be provided only in the case of medical necessity.**

**Print Name**\_\_\_\_\_

**Signature**\_\_\_\_\_ **Date**\_\_\_\_\_