

Experience Dynamic Fluid Movement



**818-900-8465...**

[ImatPilates@aol.com](mailto:ImatPilates@aol.com)

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## Intake Form

How were you were you referred to us? \_\_\_\_\_ Today's Date \_\_\_\_\_

**Your info will not be shared or used for any other purpose other than programming or to contact you re: studio business.**

Name \_\_\_\_\_

Home/Work # \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ =Age \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_

Occupation \_\_\_\_\_

Does your occupation affect your physical mobility daily? \_\_\_\_\_

Emergency Contact Information \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

**Health History: Please note we may require a Medical Release to perform Pilates with @Pilates, we care for your safety.**

1. Has your doctor ever said you have a heart condition and suggested that you only perform physical activity recommended by a doctor? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do you feel pain in your chest when you perform a physical activity? Yes \_\_\_\_\_ No \_\_\_\_\_
3. In the past month have you had chest pain when you were not performing any physical activity? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Do you lose your balance because of dizziness or do you ever lose consciousness? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Is your doctor currently prescribing any medication for your blood pressure or for a heart condition? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Do you know of any other reason why you should not engage in Physical activity? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have answered "yes" to one or more of the above questions, we must ask that you consult your physician and obtain a medical release before you engage in physical activity with our studio. Tell your physician which question you answered "yes" to. After a medical evaluation, seek advice from you physician on what type of activity is suitable for your current condition. Your medical release for this will be required for your file at our studio and will be kept confidential.

**Health History:**

Have you ever had any musculoskeletal pain, injury or surgery? (*Discs, Arthritis, Tendonitis, Bursitis, Joint Replacements, Spondy, etc. Include : sports, auto and or work injuries.*) Please include dates & explain:

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Has a doctor ever diagnosed you with a chronic disease, such as: Coronary heart disease, Emphysema, Cystic Fibrosis, Osteoporosis/ Osteopenia, Fibromyalgia, Chronic Fatigue, Hypertension, Diabetes, MS, Thyroid Disease or High Cholesterol? (*if yes please explain*)

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Asthma/ Allergies (Do you carry an inhaler with you?)

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Are you taking any medications? Including HRT, Fertility etc.

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Are you Pre/Post Natal? C-section(s)? Dr. Release needed if pregnant.

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Do you have Scoliosis or any type of Curvature? If so what is the curvature?

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Cancer/Type: Active or in Remission: If in Remission how long?

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Are there any other conditions that we may need to be aware of to safely engage you in an exercise program?

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Smoker- Packs a day:

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**What are your fitness goals and or Primary reason for visiting?** *(Circle as many as you like)*

Weight Loss

Abdominal/ Lower Back Strength

Stress Reduction

Increase Flexibility

Energy Gain

Injury Recovery

Improve Technique

Gain Strength

Improve Posture

Other:

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- ❖ Do you currently work-out on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Please describe your current workout program and the frequency:

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- ❖ Has any exercise program had any positive or negative effects on your body?
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- ❖ Recreation / Hobbies: Do you partake in any recreational activities? (If yes please list.) Golf, Yoga, Skiing, Dance, Martial Arts, any group exercise etc...
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**Studio Policies:**

- **Initial \_\_\_\_\_** All sessions/ series must be paid in advance/ First session to be secured via credit card or check in advance.
- **Initial \_\_\_\_\_** Cancellations must be made 18 hours prior to appointment or the session will be fully charged.
- **Initial \_\_\_\_\_** Cancellations are to be made via ONLINE no phone call cancellations.
- **Initial \_\_\_\_\_** All series expire 6 months from the purchase and are NOT transferable, refundable or interchangeable (groups to privates etc.)
- All sessions are approx. 50-55 minutes long and begin at the appointment time, not time of arrival.
- "Special offers" apply to designated classes only and are non-transferable.
- Please silence all cell phones.
- No children or pets in the studio.
- Insurance billing is not available – receipts only.
- **Please arrive perfume and fragrance free.**
- Studio reserves the right to assign a substitute teacher.
- No open studio policy – no use of any machines or props while unattended by an instructor.
- Please notify us of any changes in your health/medical conditions.
- Appropriate attire must be worn. Due to the nature of a full body Pilates workout: dance pants, bike shorts, or sweats with undergarments and socks are recommended.
- **Clean socks are mandatory to use Equipment.**
- **Please do not attend class if you are ill or contagious for the welfare of others.**

**Liability Release:**

1. I am aware that *@Pilates* is here to serve me by sharing knowledge of Pilates and health. I understand that the practice of Pilates involves physical movement and exercise which may from time to time be strenuous, and that such practice carries some risk of injury.
2. I also understand that I must judge my own capabilities with respect to practicing Pilates with *@Pilates*. I represent that I am in good physical condition and have no disabilities, disease illness or other conditions that could prevent me from exercising or participating in classes.
3. By my participating in classes or activities with *@Pilates*, I agree to take full responsibility to inform the instructor immediately if an injury occurs during class.
4. In understanding that from time to time during class with *@Pilates*, instructors may physically adjust students' form. If I do not want such physical adjustments, I will so inform the instructor at each class I attend.
5. I am voluntarily participating in exercise and willingly agree to comply with the stated and customary terms and conditions for participation.
6. On behalf of myself, my heirs, assigns, personal representatives and next of kin, I hereby waive and release any claim that I might have at any time for injury of any sort against *@Pilates* or any person or entity in any way involved there with, including without limitations its principals, instructors, employees, agents and representatives from any claim including those for personal injury, disability, property damage or death, liabilities or losses suffered by me while participating in sessions of training, whether arising from the ordinary negligence of the releases or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITH OUT ANY INDUCEMENT.

**I have read, fully understand and agree to the above.**

**Date Today** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_

**If under 18 years of age: As legal guardian of \_\_\_\_\_ we consent to the above conditions \_\_\_\_\_ (signature of parent/legal guardian)**