



REFINE PILATES CLIENT INTAKE FORM

To better serve your health and fitness needs, we ask that you please take a few minutes to complete this form. These files are confidential and will only be used by the instructor to better support your needs. Thank You!

Name _____ Date _____ Date of birth _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____
Emergency Contact _____ Phone _____

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

Please list all previous and current physical activities and/or exercise?

Describe your present physical condition. Do you currently experience any pain?

Please list ANY significant injuries, surgeries, medical treatments, or illnesses?

Please list any current medications taken, prescribed or over the counter?

Are you pregnant? _____ If yes, how many months? _____

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