

PREMIER PILATES & WELLNESS

205 4th Street, Castle Rock, CO 80104

Phone: 303-688-6117

INTAKE FORM

Date: _____

Last Name: _____ First Name: _____ Middle: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Which Phone # do you prefer to be contacted at? Please circle one.

Home Phone: _____ Work Phone: _____

Cell Phone: _____ DOB: _____

Occupation: _____ E-mail: _____

We do promotions and newsletters via email, may we contact you by email? Yes No

Emergency Contact: _____

Relationship: _____ Phone: _____

How did you hear about us? (please circle)

Friend, if so who? _____

Another client, if so who? _____

Advertising: Douglas County Living Area newsletter CR Chamber

Other: _____

Please circle the services you are interested in:

Pilates (Reformer or Mat) Massage Therapy PiYo

Yoga Zumba Gym Ball Instruction

Have you ever done Pilates? Yes No If yes, when and where? _____

Have you ever done Yoga? Yes No If yes, when and where? _____

Have you ever done Zumba? Yes No If yes, when and where? _____

The following health questions will help us better serve you and your needs:

Do you have or have you had any of the following?

Allergies to lotions, latex and/or adhesives	Yes	No
Heart problems	Yes	No
Lung problems	Yes	No
Joint problems	Yes	No
Stroke	Yes	No
Are you pregnant	Yes	No
Osteoporosis/Osteopenia	Yes	No
Diabetic	Yes	No
Thyroid	Yes	No
Surgery	Yes	No

If Yes to any of the above, please list details: _____

Please list all previous and current injuries: _____

Please list all surgeries and when: _____

Please list your current medications and what they are for:

Do you have asthma or allergies that require the use of an inhaler? Yes No

Have you been advised by your physician to avoid strenuous activities? Yes No

Have you been injured doing any exercise? Yes No

If Yes, please list the details: _____

Do you currently have a chiropractor? Yes No If yes, who? _____

Do you currently have an acupuncturist? Yes No If yes, who? _____

I have read and fully understand the **Policies & Procedures** (initials) _____

I have read and fully understand the **WAIVER OF LIABILITY AND INFORMED CONSENT** (initials) _____

Signature: _____ Date: _____