

Mind Body Physical Therapy & Wellness Center, Inc.  
**CONFIDENTIAL CLIENT INFORMATION**

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Female/Male \_\_\_\_\_ Occupation: \_\_\_\_\_

Do you exercise regularly? If yes, what sort of activity and how often?  
(please include exercise, sports, hobbies, recreational activities, etc.)

What physical positions are you in while working &/or during recreational activities? How many hours per week? (sitting, standing, lifting, etc.)

Has a health care practitioner (MD, DO, DC, etc.) placed any restrictions on how you move? (ie-no lifting, no arching, etc.) Please be specific.

Do you have any injuries or physical conditions which limit your ability to exercise? If yes, what?

Please name location of any pain or discomfort:

Are you presently taking any medication? Please list.

Describe how you feel physically throughout the day, from morning to night.  
(tired/energetic, weak/strong, anxious/calm, etc.)

Do you have experience with the Pilates\* Method or any Pilates\* based classes? If yes, with whom and for how long?

How were you referred to us?

friends/family

name, please so we can thank them

phone book

yellow or white pages?

advertisement

Which magazine or paper?

I, the undersigned, do hereby indicate that the above information is not falsified. Also, that I am financially responsible for payment of my Pilates\* based lesson on the day of the appointment. In addition, I agree to give 12 hours notice for the cancellation of all appointments. Should I fail to give adequate 12 hours notice, I agree to pay for the missed visit. Furthermore, I hereby release **Mind~Body Physical Therapy & Wellness Center, Inc.** from any liability resulting from harm incurred during instruction.

client's signature (seal)

date