

Client Intake Form

Welcome! Our mission is to empower you to be in control of your own health and wellbeing through our customized fitness options. To better serve you, we ask that you please take a few minutes to complete this form. Thank you.

Name: _____ Today's Date: _____

Birth Date: _____ Occupation: _____

Street Address: _____

City _____ State /Province _____ ZIP/Postal Code _____ Country _____

Home Phone _____ Cell Phone _____ Email _____

Emergency Contact _____ Relationship _____ Phone Number _____

1. What specific fitness or health goals do you hope to achieve through the Pilates method?

- Lose Weight Strengthen Muscles Stress Reduction
 Mind/Body Connection Balance Work Target Area:
 Medical Reason: _____ Other: _____

2. List all current and any meaningful previous activities.

- Pilates Aerobics/etc. Skiing Biking Hiking Running
 Weightlifting Swimming Climbing Yoga Walking Dance
 Other: _____

3. Describe your present physical condition. Poor Fair Good Excellent

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4. Describe your physical history.

Injuries/Surgeries: _____

Ailments/Illnesses: _____

Pregnancies: _____ Other: _____

Please specify which areas of your body were affected Right (R) or Left (L).

- Head _____ Arm/Hand _____ Lower Back _____ Hip/Pelvis _____ Other _____
 Neck _____ Upper back _____ Ribs _____ Knee _____
 Shoulder _____ Mid back _____ Abdomen _____ Ankle/foot _____

WAIVER OF LIABILITY AND INFORMED CONSENT

In consideration of being allowed to participate in any way in the Suz Spangler Wellness programs, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from activities involved in the program is significant, including the potential for permanent paralysis and death and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from this negligence of the releases or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I for myself and on the behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold the Suz Spangler Wellness, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), with respect to all and any injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by the law.

Signature _____

Date _____

*please bring both forms to your first session.