



New Client Form: Pilates 4-2021

Today's Date:

First Name _____

Last Name _____

Address _____

City, State Zip _____

Email _____

Date of Birth _____

Gender _____

MEDICAL INFORMATION

Are you presently taking any medications? Yes. No

If yes, please indicate which medications you're taking

Has a health practitioner (MD, DO, DC) placed any restrictions on how you move? Please be specific.



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Please indicate which type of exercise you do. If not listed, please fill in description below.

	WALKING		SWIMMING
	TENNIS		BIKING
	GOLF		LACROSSE
	GARDENING		YOGA
	RUNNING		PELTON OR OTHER CLASSES

IF YOUR sport is not listed, please indicate what activity you do here:

How many hours do you estimate that you exercise?

- 0-2 hours
- 2-4 hours
- 4 or more hours

Do you have any injuries or physical conditions that limit your ability to exercise?

What physical positions are you in while working or in recreational activities?

- Standing



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- Sitting (like at a desk or driving)
- A combination of both of the above
- Other

How many hours per week do you think you're in these positions?

- 1-10 hours
- 10-20 hours
- 20-30 hours
- 30+ hours

Please name the location of pain or discomfort you may have?

Were you referred to MindBodyPT by a friend? Please let us know, we'd like to thank them!

Agreement:

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.



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