

DSC Performance Pilates Intake Form

Please take a moment to fill out this intake form before starting your Pilates sessions. The information you provide will help us understand your health history, goals, and any specific concerns you may have. All information you provide will be kept confidential.

Personal Information:

Name: _____

Date of Birth: _____

Gender: _____

Contact Number: _____

Email Address: _____

Address: _____

Health History:

Do you have any current or past injuries or medical conditions we should be aware of?

Yes/No

Please provide details:

Are you currently under the care of a healthcare professional for any condition? Yes/No

If yes, please specify:

Are you pregnant or have you given birth within the last 6 months? Yes/No

If yes, please provide details:

Have you had any surgeries in the past year? Yes/No

If yes, please provide details:

Do you have any chronic pain or conditions that may affect your ability to exercise?

Yes/No

Please specify:

Are you currently taking any medications? Yes/No

If yes, please list:

Do you have any allergies or sensitivities? Yes/No

Please provide details:

Exercise History:

Have you ever done Pilates before? Yes/No

If yes, for how long and at what level?

What other forms of exercise or physical activity do you currently engage in?

How often do you exercise and for how long?

Do you have any specific goals or areas you would like to focus on during your Pilates sessions?

Additional Information:

Are you comfortable being touched for hands-on adjustments during the sessions?

Yes/No

Is there anything else you think we should know before starting your Pilates sessions?

By signing below, you acknowledge that the information provided is accurate to the best of your knowledge and that you understand the potential risks associated with physical exercise. You also agree to inform your instructor of any changes to your health or medical condition that may affect your ability to participate in Pilates sessions.

Signature: _____

Date: _____

Thank you for taking the time to complete this form. If you have any questions or concerns, please feel free to discuss them with your instructor.