



**WILLIAMSBURG BUSINESS CENTER  
5000 NEW POINT RD. SUITE 3102**

**PHONE: 757-220-0543 TEXT: 757-603-2923 FAX: 757-741-2505**

**PRIVATE INTAKE FORM.**

Page 1.

Name \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

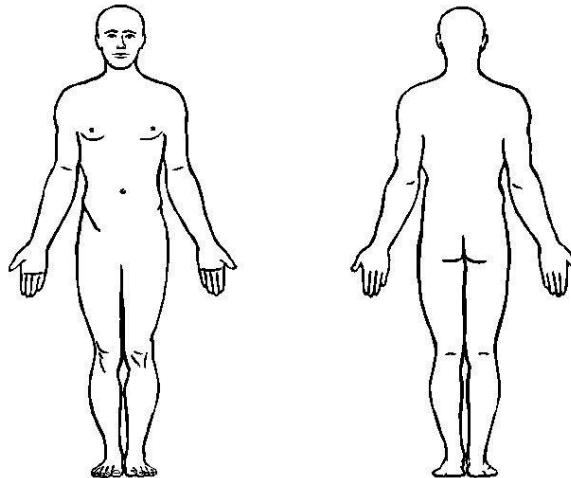
What is your preferred method of contact?  e-mail  mobile text

How did you hear about Smart Bodies Pilates?

\_\_\_\_\_

**PRESENT HEALTH CONDITION**

Please circle any areas where you current or occasionally experience unusual pain:



R **Front** L      L **Back** R



## MEDICAL HISTORY

page 2.

Please check all conditions that apply bellow:

### Condition

- OA-Osteoarthritis
- RA-Rheumatoid
- Polymyalgia Rheumatica
- Osteoporosis
- Osteopenia
- Fibromyalgia
- Myofascial pain syndrome
- Gout
- Scoliosis
- MS (Multiple Sclerosis)
- Cancer
- Asthma
- Diabetes
- Blood Presser \_\_\_ Low \_\_\_ High
- Heart Diseases
- Incontinence
- Neck pain.
- Shoulder pain(R/L)

- Rotator cuff (R/L)
- Elbow pain(R/L)
- Wrist pain (R/L)
- Tendinitis of Wrist (R/L)
- Carpel Tunnel Syndrome (R/L)
- Spinal Column Pain \_\_\_ Cervical \_\_\_ Thoracic \_\_\_ Lumbar
- Herniated Disc(s)\_\_\_ Vertebrae Involved\_\_\_\_\_
- Spondylitis
- Compression Fracture
- Joint Dislocation
- Bursitis
- Bone Fracture \_\_\_ Complete \_\_\_ Partial break
- Partial Pulled Muscle \_\_\_ Strain \_\_\_ Sprain
- Sacroiliac Joint Dysfunction
- Sciatica
- ACL(R/L) MCL(R/L)
- Patellar misalignment (R/L)
- Shin splints (R/L)
- Sprained Ankle (R/L)
- Plantar fasciitis(R/L)
- Corn/bunions(R/L)

Other:

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Please list any surgery(s)/car accident(s)

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Are you currently under the care of the following:

Physical Therapist Massage Therapist Chiropractic Physician Other

May we contact them? YES NO

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List current and present activities and sports?

Walking Golf Tennis Fitness classes Barre classes Running Yoga  
Pilates Tai Chi classes Weight lifting Cycling Never Exercises

Do you have previous experience in Pilates-based exercise?

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What goals do you hope to achieve through Pilates-based exercise?

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## STUDIO POLICIES

Please read the following studio policies, then sign and date below.

- \* Prior to any training session, a Waiver of Liability must be completely filled out and signed.
- A 24-hour notice is required for the cancellation of a Private Session. If we do not receive a 24-hour notice you will be charged in full.
- \* A 12-hour notice is required for the cancellation of any Group Session. If we do not receive a 12-hour notice you will be charged either a class off of your package or a late cancel fee of \$35.
- \* All Sessions fee are depending on the class.
- \* All packages expire 1 year from date of purchase.
- \* Rates subject to change
- \* Purchased Sessions are non-refundable and non-transferrable.
- \* Private sessions are by appointment only.
- \* Group Sessions are drop-in, but advanced registration is recommended.
- \* Class size is limited.
- \* In order to maintain a high quality workout that flows swiftly through transitions and exercises and for safety concerns, instructor approval is required for all private and group Sessions (except 'Essentials' level classes).
- \* Please, we kindly ask that you turn off your cell phone before entering the studio, to avoid interruptions to you and others during their sessions.
- \* Please be courteous and quiet while sessions in progress.
- \* Please do not wear any perfumes or heavy oils and creams to your session.
- \* Please do not bring food into the studio.
- \* Please do not wear sharp objects in your hair such as barrettes and clips.
- \* Animals are not allowed into the studio for any reason.
- \* If you would like to schedule weekly appointments we would be happy to accommodate you based on availability. It is your obligation to notify Smart Bodies Pilates. If you need to cancel a standing appointment or are leaving town for a designated period of time. Three consecutively missed or canceled standing appointments releases the appointment time. 24-HOUR CANCELLATION POLICY APPLIES.
- \* Please notify your instructor if you have had any injuries, car accidents, or new health concerns since your last session.
- \* Teachers may be substituted without prior notification due to emergency or illness.
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**I have read, understand, and agree to comply with the studio policies listed above.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



## LIABILITY WAIVER AND INFORMED CONSENT RELEASE

I have enrolled in a Pilates-based physical conditioning class/program at Smart Bodies Pilates. I understand that participating in a Pilates-based exercise and training program presents some unavoidable risk of injury especially to persons who have pre-existing injuries, illness or medical disabilities. I also understand that use of exercise equipment also holds a risk of injury.

I have and will continue to keep my instructor informed of any physical condition or disability that would prevent or limit my participation in any exercise or physical training program. I understand that a medical examination is advisable before starting any exercise or physical training program. I am also aware that my instructor is not engaged in diagnosing or treating medical diseases or deficiencies.

I assume all risks of my participation in Pilates-based fitness instruction, training and conditioning. I hereby agree to release and hold harmless Smart Bodies Pilates or my instructor for any injury or accident related to my participation in the Pilates-based conditioning class/program.

Smart Bodies Pilates and my instructor shall not be held responsible for any articles lost, stolen or damaged in or about the studio.

I have read the above Liability Waiver and Informed Consent Release and fully understand their contents. I voluntarily agree to the terms and conditions stated above.

Date \_\_\_\_\_

Signature of  
Participant \_\_\_\_\_

If participant is under the age 18, as legal guardian of:

Name of Minor: \_\_\_\_\_

I consent to the above conditions. Signature of Parent/Guardian of  
Participant:

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