



Client Intake Form

Name, Address, City, State, Zip, Telephone Cell, Home, Work, Email Address, Emergency Contact & Telephone, Occupation, Referred By, What is the primary Class that you are interested in? (Please Circle) ReformRX Private Sessions Barre Blend Mat Pilates Massage Other:

Health History

Table with columns: Do you have any of the following:, Yes, No, Allergies: List:, Yes, No. Rows include Heart Disease, Diabetes, Cancer, Arthritis, Epilepsy or Seizures, Any Contagious Disease, Asthma, Blood Disorder, Pacemaker, Are you pregnant or nursing, Any current injuries, Are you currently being treated for any other medical condition.

If you answered yes to any of the above, please explain:

Is there any other medical condition we should know about?

Medications: prescription/nonprescription, Name:

What is your primary goal for participating in our program? (Please Circle) Lose Weight Overall Health & Wellbeing Overall Strength & Flexibility Therapy or Rehabilitation of Injury Other

What time of day would you like to participate in our program? (Please Circle) Early morning 6 or 7 am Morning 8, 9, 10 am PM or Evening Classes

I acknowledge that I am voluntarily participating in fitness activities, exercise programs, and /or massage at Re-Form Movement Pilates and that there is a risk that I may injure myself, and fully assume the risk for same. Further, I agree to release and hold harmless Re-Form Movement Pilates, its employees, officers, directors, shareholders, successors, heirs, executors, agents, and / or contractors, for any and all actions, cause or causes of action, suits, debts, dues, sums of monies, accounts, reckonings, bonds, bills, claims, covenants, contracts, controversies, agreements, promises, trespasses, damages, judgments, executions, and demands whatsoever, in law or in equity, tort or contract, which I ever had, now have, or can, shall, or may have for, upon, or by reason of any matter, cause or thing whatsoever, that may occur or has occurred. It is further understood and agreed that this release extends to all claims of every nature and kind whatever, known or unknown, suspected or unsuspected, and that the undersigned is executing this release upon his, her, or its own free will and upon no representations of the parties released. All packages 6 months expiration, non-transferable, no-refunds. I hereby affirm that I have read and fully understand the above.

Signature Date