

The Pilates Experience
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CLIENT ASSESSMENT – INTAKE FORM

Date: _____ Name: _____ Date of Birth: _____

Age: _____ Height: _____ Weight: _____ Children/Ages? _____

Address: _____

Telephone: H: _____ W: _____ C: _____

Email: _____

EXERCISE & MEDICAL HISTORY:

1. Past medical history & family medical history: _____

2. Surgeries, hospitalizations, accidents: _____

3. Injuries? : _____

What makes it worse? _____

What makes is better? _____

4. Occupation: _____

5. Hobbies/Sports: _____

6. Relaxation: _____

7. Medications/Supplements/Diet/H2O: _____

8. Amount of exercise – now/past: _____

Personal Goals: _____

CLIENT ASSESSMENT – POSTURE/GAIT ANALYSIS:

POSTURE ANALYSIS:

Chin/Head Carriage – Shoulders – Neck – Thoracic Kyphosis – Hyperlordosis – Hip Rotations – Pelvic Tiled (Posterior / Anterior) – Tightness – Pain – Ankles

LATERAL VIEW:

- ❖ Ears aligned W/Middle Shoulder _____
- ❖ Shoulders Rounded Forward _____
- ❖ C/T Kyphosis &/Or Sternum Sunken _____
- ❖ Hyperlordosis – Rectus Poofus _____
- ❖ Pelvis Alignment – Posterior / Anterior _____
- ❖ Upper or Lower Cross Syndrome _____
- ❖ Flat Feet – Supinated – Pronated _____

POSTERIOR VIEW:

- ❖ Ears Aligned – Gothic Neck _____
- ❖ Tops of Shoulders Aligned _____
- ❖ Spine of Scapula Aligned _____
- ❖ Medial Angle of Scapula _____
- ❖ Location of Scapula _____
- ❖ Waist – Hips – Gluteal Line Level _____
- ❖ Paraspinal Muscles – Development _____
- ❖ Even Development of Calves _____
- ❖ Achilles Tendon Painful W/Squeeze _____

GAIT ANALYSIS:

Stance Phase:

- ❖ Heel Strike: Medial/Lateral _____
- ❖ Stride Length – Width _____
- ❖ Pronation / Supination _____
- ❖ Forefoot Fall _____
- ❖ Toe Off Big Toe _____

GAIT ANALYSIS:

Swing Phase:

- ❖ Lateral Shift of Pelvis – Opposite to Swing Phase _____
- ❖ Hip Hiking – Right or Left _____
- ❖ Arm Swing _____
- ❖ Knees – Rotated – Touching _____
- ❖ Ankle Flexion _____