

Name: **The Pilates Experience, Inc.**

503 Duane St., Suite A, Glen Ellyn, IL 60137

Karen A. Irish - Owner/Director

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CLIENT ASSESSMENT - INTAKE FORM

Date: _____ Name: _____ Birth date: _____

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

Address: _____

Email Address: _____

Telephone: Home: _____ Cell: _____

EXERCISE & MEDICAL HISTORY:

Past medical history & family medical history: _____

Surgeries, hospitalizations, accidents: _____

Injuries: _____

What makes is worse? _____

What makes it better?: _____

Occupation: _____

Hobbies/Sports: _____

Relaxation: _____

Medications/Supplements/Diet/Water intake: _____

Amount of Exercise: Now / Past: _____

Personal Goal: _____

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POSTURE & GAIT ANALYSIS

LATERAL VIEW:

Ears aligned / Middle of Shoulder: _____

Shoulders Rounded Forward: _____

C/T Kyphosis - Sunken Sternum: _____

Hyperlordosis - Rectus Poofus: _____

Pelvic Alignment - Posterior/Anterior: _____

Upper or Lower Cross Syndrome: _____

Flat Fee - Supinated - Pronated: _____

POSTERIOR VIEW:

Ears aligned - Gothic Neck: _____

Tops of shoulders aligned: _____

Spine of Scapula aligned: _____

Medial angel of Scapula: _____

Location of Scapula: _____

Waist - Hips - Gluteal Line Level: _____

Paraspinal muscles development: _____

Even development of calves: _____

Achilles Tendon painful with squeeze: _____

GAIT ANALYSIS:

STANCE PHASE:

Heel Strike: Medial/Lateral: _____

Stride Length: Width: _____

Pronation / Supination: _____

Forefoot Fall: _____

Toe off big toe: _____

SWING PHASE:

Lateral shift of pelvis - Opposite of Swing Phase: _____

Hip Hiking - Right or Left: _____

Arm Swing: _____

Knees: Rotated, Touching or Aligned: _____

Ankle flexion: _____