Name:

The Pilates Experience, Inc.

493 Forest Avenue, 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: _____
_____

Name:

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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: _____