THE HIGH-HEELED PT LADY

Dr. Erica Nelson, PT, DPT | Pinecrest, Florida

CLIENT INFORMATION & MOVEMENT HISTORY

CONTACT & PARTICIPATION

Full name

Phone

Email

Preferred contact: call / text / email

- [ ] Boutique equipment class
- [ ] Boomers 2.0
- [ ] Open Studio
- [ ] Private Pilates
- [ ] Not sure yet

YOUR GOALS & MOVEMENT NEEDS

What would you like to gain from Pilates? (Goals, interests, activities)

Is there anything about your movement or health that I should consider when teaching you?

Any current exercise restrictions, movement concerns, or guidance from a clinician?

What helps you learn and feel comfortable in a movement setting?

EMERGENCY CONTACT

Contact name and relationship

Phone

Please share only information relevant to safe participation. This intake is not a medical evaluation, informed-consent form, liability release, or confirmation that any particular activity is appropriate.

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YOUR PILATES STORY & EXPERIENCE

YOUR BACKGROUND

- [ ] New to Pilates
- [ ] Some experience
- [ ] Regular practitioner
- [ ] Apprentice / teacher-in-training
- [ ] Pilates teacher
- [ ] Mat
- [ ] Reformer
- [ ] Mixed equipment
- [ ] Private lessons
- [ ] Group classes
- [ ] Open studio
- [ ] Other

Where or how have you practiced? Approximately how long?

THE GOOD, THE BAD & EVERYTHING IN BETWEEN

What was GREAT or AWESOME about past Pilates classes or lessons?

What was disappointing, uncomfortable, frustrating, or even NIGHTMARISH?

What would you like me to know or do differently in your experience here?

YOUR PRACTICE & NEXT STEPS

Do you have a current Pilates program, practice notes, or equipment preferences?

For Open Studio: which apparatus and exercises can you use independently? (If applicable)

I have answered these questions to the best of my knowledge. I will discuss changes or concerns that may affect my participation with Dr. Nelson before my session.

Signature / typed name

Date