



# PILATES

## Client Enrolment Form

All information will be treated in the strictest confidence

### Personal Details

Name .....

Address.....

Postcode.....

Contact Tel.....

Mobile .....

Email .....

Date of birth .....

Occupation .....

Hobbies.....

### Emergency Contact Details

Name .....

Contact Tel.....

### Your Health

1. Does your work/sport involve any of the following (please tick)

- Sitting for long periods
- Bending
- Lifting heavy weights
- Driving
- Standing
- Any other repetitive action

2. Will this be the first time you have practised Pilates?

- Yes, no of classes attended.....
- No

If no, have you previously attended:

- Body Control Pilates matwork classes
- Other Pilates matwork
- At home (book, DVD)
- Studio

3. Has your doctor ever said that you have any sort of heart trouble or defect

- Yes  No

4. Do you feel pain in your chest when you undertake physical activity?

- Yes  No

5. Are you, or could you be, pregnant now?

- Yes  No

If yes, when is your due date?

6. Have you been pregnant in the last six months?

- Yes  No

7. If you have had a baby, how was it delivered?

- Normally
- Caesarean
- Normally with intervention (eg forceps)

8. Do you often get headaches?

- Yes  No

9. Do you lose your balance because of dizziness or do you ever lose consciousness, feel faint or dizzy?

- Yes  No

10. Do you have high blood pressure?

- Yes  No

11. Is your blood pressure:  
 Normal     Low
12. Have you had major surgery in the last 10 years?  
 Yes     No
13. Have you had minor surgery in the last two years?  
 Yes     No
14. Do you suffer from asthma, diabetes or epilepsy?  
 Yes     No
15. Have you ever been told that you have arthritic joints, osteoporosis, osteopenia or any bone or joint problem that may be made worse by exercising?  
 Yes     No
16. Do you suffer from back or neck pain?  
 Yes     No
17. Do you have pain or restricted movement in any other joints (eg hip, knee, ankle, shoulder)?  
 Yes     No
18. Have you been diagnosed as hypermobile (excessive joint mobility)?  
 Yes     No
19. Are there any movements that cause you pain?  
 Yes     No

20. Are you taking any drugs or medication which may affect your ability to exercise?  
 Yes     No
21. Have you been recommended to take up Pilates by a specialist practitioner?  
 Yes     No
- If yes, by your  
 GP  
 Physiotherapist  
 Chiropractor  
 Osteopath  
 Other

22. Do you suffer from neurological conditions or diseases?

If yes please give details.

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23. Do you hereby give us permission to contact them?  
 Yes     No

If yes please state their name and contact number

Practitioner's name .....

Practice telephone.....

Please list any health problems you suffer, not already mentioned that may affect your ability to exercise. If you have answered yes to any of questions 3-22 above, we advise that you consult with your medical practitioner before you start Pilates classes. Please give further relevant details below, in confidence, to any questions ticked yes.

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## Your Aims

What are your reasons for taking up Pilates?

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What health or physical goals would you like to achieve over the next three months?

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What longer-term health or physical goals would you like to achieve over the next 12 months?

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## Important Information

Please advise us before commencing any session if, for any reason, your health or your ability to exercise changes.

It is inadvisable to do Pilates between weeks 8 to 14 of pregnancy, unless by special arrangement with your teacher. It is also wise to wait six weeks after the birth before resuming exercise.

Pilates exercises are very safe but, as with all forms of physical exercise, it is prudent to consult your doctor before starting Pilates sessions.

These sessions are not a substitute for medical counselling or treatment. If you have any doubts about the suitability of the exercises, you should refer back to your medical practitioner. The teacher can accept no liability for personal injury related to participation in a session if:

- your doctor has, on health grounds, advised you against such exercise
- you fail to observe instructions on safety or technique
- such injury is caused by the negligence of another participant in the class

Exercise should be performed at a pace which feels comfortable for you. Pain in the body's warning system and should not be ignored. Please inform your teacher immediately if you feel any discomfort during a session. Please also inform the teacher if you felt any discomfort after a previous session.

I understand that Pilates exercises involve hands-on correction and I hereby consent for my teachers to work in this way.

I confirm that I have read and understood the above advice and that the information I have given is correct.

Signed

Client.....

Date.....

Teacher.....

Date.....

*For teacher use only*

