

Client Enrolment Form

This form is designed to help us gather more information about you. It is completely confidential and is not used as a diagnostic tool. Please answer the questions as completely as possible.

Personal Details

Name _____

Address _____

Postcode _____

Contact Tel _____

Mobile _____

Email _____

Sex: Male / Female

Date of Birth _____

Occupation _____

Sports, Hobbies _____

Emergency Contact Details

Name _____

Contact Tel _____

Mobile _____

PART 1: Your Background and Your Health

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

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

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

- Yes No

If NO, have you previously attended: (please tick)

Other Pilates matwork At home (book, DVD)

Studio

Number of classes attended: matwork classes

0 - 5 5 - 10 10 - 20 20 +

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 caesarian
 normally with intervention (e.g. 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

Client Enrolment Form

PART 1: Your Background and Your Health (continued)

11. Is your blood pressure:

- normal? low?

12. Have you had major surgery in the last 10 years?

- Yes *If yes provide details in box below* No

13. Have you had minor surgery in the last two years?

- Yes *If yes provide details in box below* 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 *If yes provide details in box below* No

17. Do you have pain or restricted movement in any other joints (e.g. hip, knee, ankle, shoulder)?

- Yes *If yes provide details in box below* No

18. Have you been diagnosed as hypermobile (excessive joint mobility)?

- Yes No

19. Are there any movements that cause you pain?

- Yes *If yes provide details in box below* 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 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 3-21 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

Are there any factors that your teacher should be aware of that may prevent you from regularly attending classes (such as child care, lack of transport, shift work)?

Client Enrolment Form

PART 2: Your Aims

What are your reasons for taking up Pilates?

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

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

PART 3: Important Information

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

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 exercises are no 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 not given you medical clearance to exercise/to continue to exercise
- You fail to observe instructions on safety and technique
- Such injury is caused by the negligence of another participant in the class

The exercises, and the transitions between exercises, should be performed at a pace which feels comfortable for you. PAIN is the body's warning system and should not be ignored. Please inform your teacher immediately if you feel any discomfort, dizziness, nausea or pain during the session. Please also inform the teacher if you felt any discomfort after a previous session.

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

I also accept that I remain ultimately responsible for my own health and safety.

By checking this box and typing or signing my name below I confirm that I have read and understood the advice above and the information I have given in this form is correct and applicable to me.

Signed,

Client _____

Date _____

Teacher _____

Date _____

Client Enrolment Form

General

How did you hear about us?

- Google pilates.co.uk Facebook Pilates Foundation website Leaflet/poster
 Word of mouth Other (please specify below)

for teacher use only

