

Client Enrolment form

Name	Email
Tel	Date of birth
Mobile	Occupation
Address	Sport/ hobbies
Emergency contact name	Emergency contact no

Your background & your health

Will this be the first time you've practiced Pilates?

Yes/ No

Has your doctor said you have any heart trouble or defect?

Yes/ No

Are you, or could you be, pregnant now?

How many months?

Have you been pregnant in the last year?

Yes /No

No. of Children and ages

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

Yes /No

Do you often get headaches or dizziness?

Yes /No

Is your blood pressure

high/ low /normal

Do you have any respiratory problems?

Yes /No

Are you diabetic?

Yes/ No

Do you have a chronic or serious illness?

Yes /No

Do you suffer from back or neck pain?

Yes/ No

Have you had any operations or injuries in the last 4 years? If yes, what

Do you suffer from any joint problems or restricted movements (eg hip, knee, shoulder, ankle)?

Are there any movements that cause you pain? Have you ever been given remedial exercises?

Have you been told that you have arthritic joints, osteoporosis, osteopenia or any joint or bone problems that may be made worse by exercising?

Yes /No

Have you been recommended to take up Pilates by a specialist practitioner?

Your aims

Which aspects of your health do you wish to concentrate on? Please circle:

Core toning strength stress management flexibility posture relaxation
back/ shoulder problems pelvic floor

What health or physical goals would you like to achieve?

Important information/ liability release form

As a participant in Pilates, I intend to engage in physical activity. I acknowledge that these activities involve certain risks and I understand that by participating in a class I voluntarily assume the risks. I will take full responsibility for my safety in the class and I have disclosed any relevant health conditions.

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

We advise against doing Pilates between 6 – 14 weeks of pregnancy. Please wait until after your six week check when your doctor has confirmed it is safe to resume exercise.

Please advise us if your health or ability to exercise changes, before the start of every session. I understand that Pilates involves hands on correction and I give consent for my teachers to work in this way.

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

Client's signature/ Date

Teacher's signature /Date

Teacher's notes

Additional questions for rehab and Back care clients

In order for Pilates to be safe and effective it is necessary to know about your medical history, however, we are not medical practitioners and cannot diagnose. Pilates is not a substitute for medical advice or treatment.

Please state your injury or condition if known.

If in pain, please describe where it is please circle:

Back hip shoulder neck other.

Do you ever get pain or discomfort travelling down the leg?

How would you describe your pelvic floor strength please circle?

Good needs some work poor

When did your condition start and if known, what set it off?

If in pain, does your pain lessen at a particular time of day, please circle?

Morning Afternoon Evening

How would you describe your sleep?

Are there any aggravating factors that you're aware of? Particular movements/ driving/ standing/ walking etc:

Any history of treatments eg physiotherapy / osteopathy / surgery

Client Statement

I confirm that the information on this form is true, and I will inform the instructor if any of this information changes. I understand that any exercise involves a risk of injury and I agree to take responsibility for my participation in Pilates classes. I also agree to inform my instructor immediately if I experience any pain or discomfort whilst exercising.

Client's signature /Date