



Client Enrolment Form

All information will be treated in the strictest confidence.

Personal Details:

Name:		
Address:		
Postcode:		
Tel: Home		
Mobile		
Work		
Email:		
Date of Birth:		
Occupation:		
Sports/Hobbies:		
Does your work or sport involve any of the following? (Please tick)	Sitting for long periods <input type="checkbox"/>	Driving <input type="checkbox"/>
	Standing <input type="checkbox"/>	Lifting heavy weights <input type="checkbox"/>
	Bending <input type="checkbox"/>	Any other repetitive action <input type="checkbox"/>

Emergency Contact Details:

Name:	
Tel: Home	
Mobile	

Your Aims:

What do you want to achieve from your Pilates sessions? (Do you have any specific goals?)	
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Referrals:

Have you been referred by a medical / specialist practitioner?

If you ticked the box above:

- Written confirmation from your practitioner will be required before you can undertake exercise – this can include details of any movements that are contraindicated. (*Emails are acceptable*)
- Please give details of the Practitioner who referred you:

Name:	
Practice Name:	
Telephone No.	

- Does the teacher have your permission to contact your practitioner?



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Health Screening:

Please tick the boxes for any of the following if they apply to you and provide details overleaf.

1. Have you ever been diagnosed with / treated for any of the following:
 - a. Osteo Arthritis
 - b. Rheumatoid Arthritis
 - c. Fibromyalgia
 - d. Heart Disease
 - Is there any history of heart problems in your immediate family?
 - e. Stroke
 - f. Gastric Reflux
 - g. Hernia
 - h. Glaucoma
 - i. Multiple Sclerosis
 - j. Orthopedic / Joint Problems (shoulder / elbow / spine / hip / knees)
 - Anterior Cruciate Ligament Knee Injuries
 - Facet Joint Syndrome
 - Herniated or Bulging Disc
 - Spondylolisthesis
 - Stenosis
 - Hip or Knee Replacement – please specify which (See Q.14)
 - Hypermobility (excessive joint mobility)
 - k. Osteoporosis (or Osteopenia) – please specify which
 - Is there any history of Osteoporosis in your family?
 - (If you ticked either of these boxes, please ask for the **Osteoporosis Supplementary Enrolment Form**)*
 - l. Numbness / Tingling / Diminished Sensation
 - m. Epilepsy
 - o. Diabetes
 - p. Asthma / Respiratory / Lung problems
 - q. Other
2. Is Your Blood Pressure? High Normal Low
3. Do you smoke? (If 'Yes', how many per day?)
4. Do you suffer from fainting / headaches / dizziness?
5. Prior Injuries, Musculoskeletal and Neuromuscular Issues:
 - a. Adhesive Capsulitis (frozen shoulder)
 - b. Carpal Tunnel Syndrome
 - c. Plantar Fasciitis
 - d. Rotator Cuff Impingement
 - e. Thoracic Outlet Syndrome
 - f. Other – e.g. restricted range of movement or any bone/joint problem that may be made worse by exercise?



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- 6. Are there any movements that cause you pain? (i.e. raising you arms, bending forward or to the side etc.)
- 7. Do you suffer from any back or neck problems? (If so do you know why?)
- 8. Are you taking any medication? (*please give details of what they are being used to treat*)
- 9. Have you ever been given any remedial exercises? If so, can you briefly describe them?
- 10. Have you had any chronic illness or injuries in the last year?
- 11. Is there any other reason not yet mentioned that might stop you performing physical exercise?

Please give relevant details to the above questions in confidence:

12. Are you / Could you be pregnant?
(If you ticked this box, please ask for the **Pregnancy Supplementary Enrolment Form**)

13. Have you had a baby in the last 6 months?

Please provide details of **any** prior pregnancies (*was delivery via caesarean?*):



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14. Have you had any operations (major or minor)?

Please provide details of all prior surgeries including when they took place:

15. What is your current Activity Level / Exercise Frequency

16. What is your prior movement experience (e.g. Pilates, yoga, running, gym etc.)

Confirmation:

Please advise the teacher before commencing a session if for any reason your ability to exercise has changed.

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, you are recommended to consult with your doctor before starting 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 cannot accept 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/studio.

Pain is 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 your teacher if you felt any discomfort following a previous session.

If you take any emergency medication (e.g. asthma inhaler, angina spray, EpiPen etc.) please ensure that you bring them to all lessons/classes.

I understand that Pilates exercises involve hands-on correction and I hereby consent for my teacher to work in this way. Please note the instructor operates a discretionary 24-hour notice cancellation policy for private lessons.

I confirm that I have read and understood the above advice & that the information given is correct to the best of my knowledge.

Signed.....

Date.....