

Client Enrolment Form

Please answer the following questions, giving details where appropriate.
All information will remain confidential.

Date:

Name:

Date of Birth:

Address:

Post Code:

Telephone: Mobile -

Home -

Email address:

Occupation:

Have you done Pilates before? Yes / No

If yes, for how long/how many classes

Current exercise/sports

Have you ever had any of the following?

If yes, please give details

High blood pressure? Yes / No

Any form of heart condition? Yes / No

Headaches or dizziness? Yes / No

Diabetes, Asthma or Epilepsy? Yes / No

Osteoporosis, osteopenia or low bone density? Yes / No

Back or neck problems? Yes / No

If yes, please give details

Other joint problems? Yes / No

Other relevant medical conditions not listed above? Yes / No

Have you had any operations or injuries in the last 2 years? Yes / No

Have you had any major operations or injuries in the past Yes / No

Are you currently taking any medication? Yes / No (please give details)

Are there any movements that cause you pain?
(eg. raising your arms, bending forward or to the side). Yes / No

Has your doctor or other practitioner ever advised you not to exercise? Yes / No

Are you pregnant or have you had a baby in the last 2 years? Yes / No

Important information

-If you have any doubts about the suitability of the exercises, you should refer back to your medical practitioner.

-The classes are not a substitute for medical counselling or treatment.

-The instructor cannot accept liability for personal injury related to participation in a class if:

- a) Your doctor has advised you against such exercise.
- b) You fail to observe instructions on safety or technique.
- c) Injury is caused by the negligence of another participant in the class.

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

I confirm that my instructor may use the contents of this form and any other information I may later provide, for teaching purposes, and that this information:

- Will be used in confidence and stored securely.
- Will not, under any circumstances be shared with a third party without my consent, unless that third party is an instructor who will be teaching me.
- Will be retained by the instructor for a period of time such as complies with professional, legal, and insurance requirements

Client signature.....

Date.....