

# Peoples Pilates - Client Enrolment Form

*All information will be treated in the strictest confidence.*

Name: .....

Address: .....

Postcode ..... Date of Birth: .....

Home Tel No.: ..... Mobile: .....

Email: .....

Occupation: .....

Emergency Contact (Name & Tel No.): .....

1) Sports/Hobbies and Frequency: .....

2) Does your work / hobby involve any of the following? (Please tick all that apply):

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

If other(s), which: .....

3) Previous Experience with Pilates /Franklin Method:.....

4) Are you currently experiencing any physical problems? If so, please explain:.....

5) Medications:.....

6) Previous Injuries: .....

7) Previous Surgeries: .....

8) Do you suffer from back or neck pain?       Yes       No      If yes, do you know why?

9) Are you pregnant, or have you had a baby in the last 6 months?       Yes       No

10) If you had a baby in the last 6 months was it  a Vaginal Delivery or  a Caesarean Section?

Any other comments about your pregnancy?

11) Are you currently or have you previously been diagnosed with any of the following (please tick all that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Asthma                       | <input type="checkbox"/> Disorder Epilepsy      | <input type="checkbox"/> Numbness or Weakness |
| <input type="checkbox"/> Bowel/Bladder Changes        | <input type="checkbox"/> Fainting Disorder      | <input type="checkbox"/> Osteoporosis         |
| <input type="checkbox"/> Cancer                       | <input type="checkbox"/> Heart Trouble / Defect | <input type="checkbox"/> Shoulder Impingement |
| <input type="checkbox"/> Circulatory Disease          | <input type="checkbox"/> Herniated Disk         | <input type="checkbox"/> Spondylolisthesis    |
| <input type="checkbox"/> Diabetes                     | <input type="checkbox"/> High Blood Pressure    | <input type="checkbox"/> Stenosis             |
| <input type="checkbox"/> Dizziness / Balance Problems | <input type="checkbox"/> Low Blood Pressure     | <input type="checkbox"/> Thyroid Disorder     |

Other(s): .....

12) Are there any movements that cause you pain?  Yes  No

If so, can you briefly describe them? .....

.....

13) Have you ever been given any remedial exercise?  Yes  No

If so, can you briefly describe them? .....

.....

14) Have you been referred by a specialist practitioner?  Yes  No

15) Do you hereby give permission for us to contact them?  Yes  No

If yes, please state their name and contact number .....

.....

16) What do you want to achieve from your sessions?.....

17) Is there anything else that you feel we should know about or have not asked? If so, please

explain:

.....

*Please advise before commencing a session if for any reason your ability to exercise has changed. It is inadvisable to do Pilates between week 8 to 14 of pregnancy, unless by special arrangement with your teacher. It is also wise to wait 6 weeks after the birth before resuming exercise.*

*Pilates and the Franklin-Method are very safe, but as with all forms of physical exercise, it is prudent to consult 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 exercise, you should refer back to your medical practitioner. The teacher can accept no liability for personal injury related to participation in a session if:*

- (a) your doctor has, on health grounds, advised you against such exercise.*
- (b) you fail to observe instructions on safety or technique.*
- (c) such injury is caused by negligence of another participant in the session.*

**PLEASE NOTE:**

*For 1-to-1 clients: 24 hours notice is required for cancellations otherwise the full charge will apply.*

*For group class clients: There is no refund for missed classes, although I will try to offer a 'catch-up-class' wherever possible.*

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

Signed ..... Date .....