

Client Enrolment Form

All information will be treated in the strictest of confidence.

Personal Details	
Name _____	Date of Birth _____
Address _____	Occupation _____
_____	Sports, Hobbies _____
_____ Postcode _____	
Contact Tel _____	
Mobile _____	
Email _____	
Sex: Male / Female	

Emergency Contact Details	
Name _____	
Contact Tel _____	
Mobile _____	

PART 1: Your Background and Your Health

- Does your work/sport involve any of the following? *(please tick)*

<input type="checkbox"/> Sitting for long periods	<input type="checkbox"/> Driving
<input type="checkbox"/> Bending	<input type="checkbox"/> Standing
<input type="checkbox"/> Lifting heavy weights	<input type="checkbox"/> Any other repetitive action
- Will this be the first time that you have practised Pilates?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

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

<input type="checkbox"/> Studio	<input type="checkbox"/> Body Control Pilates matwork classes
<input type="checkbox"/> Other Pilates matwork	<input type="checkbox"/> At home (book, DVD)

 Number of classes attended:

<input type="checkbox"/> 0 - 5	<input type="checkbox"/> 5 - 10	<input type="checkbox"/> 10 - 20	<input type="checkbox"/> 20 +
--------------------------------	---------------------------------	----------------------------------	-------------------------------
- Has your doctor ever said that you have any sort of heart trouble or defect?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------
- Do you feel pain in your chest when you undertake physical activity?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------
- Are you, or could you be, pregnant now?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

 If YES, when is your due date? _____
- Have you been pregnant in the last six months?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------
- If you have had a baby, how was it delivered?

<input type="checkbox"/> normally	<input type="checkbox"/> caesarian
<input type="checkbox"/> normally with intervention (e.g. forceps)	
- Do you often get headaches?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------
- Do you lose your balance because of dizziness or do you ever lose consciousness, feel faint or dizzy?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------
- Do you have high blood pressure?

<input type="checkbox"/> Yes	<input type="checkbox"/> 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 No
13. Have you had minor surgery in the last two years?
 Yes 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 No
17. Do you have pain or restricted movement in any other joints (e.g. hip, knee, ankle, shoulder)?
 Yes No
18. Have you been diagnosed as hypermobile (excessive joint mobility)?
 Yes No
19. Are there any movements that cause you pain?
 Yes No
20. Are you taking any drugs or medication which may affect your ability to exercise?
 Yes No
21. Have you been referred to 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 below further relevant details, in confidence, to any questions ticked YES.

