

# Client Enrolment Form

All information will be treated in the strictest confidence. Please write clearly, thanks!

Name:	
Address:	
Postcode:	
Telephone:	Home <span style="margin-left: 150px;">Work</span> Mobile
Email:	
Date of birth:	
Occupation:	
Sports hobbies:	
Emergency contact:	Name Mobile Home Work

**Please circle**

Does your work /sport /daytime activities involve ?

Sitting for long periods  
Bending frequently  
Lifting heavy weights

Driving for long distances  
Standing for long periods  
Other repetitive actions

Have you done Pilates before?      from a book/DVD      in a studio      in a class

How many sessions?   0-5      5-10      10-20      20+

Please Tick:

**Yes    No**

Have you ever been told that you have arthritic joints or any bone or joint problem that may be made worse by exercise?

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Has your doctor ever said that you have any sort of heart trouble or defect?

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Do you feel pain in your chest when you do physical activity?

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Do you have pain or restricted movement in any other joints?

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Do you suffer from back pain or neck pain?

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Are there any movements that cause you pain?

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Have you been diagnosed as hypermobile ( excessive joint mobility)

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	Yes	No
Do you often get headaches?	<input type="checkbox"/>	<input type="checkbox"/>
Do you loose balance, faint or lose consciousness because of dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
Is your blood pressure high	<input type="checkbox"/>	<input type="checkbox"/>
Is your blood pressure low	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from asthma diabetes or epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
Are you taking drugs or medication which may effect your ability to exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had minor or major surgery?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other reason you should restrict physical exercise?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered yes to any of the questions please give relevant information

Do you have a hearing problem?

**Pregnancy** it is inadvisable to do Pilates between 8 to 14 weeks of pregnancy unless by special arrangement with your teacher. It is also wise to wait 6 weeks after the birth before resuming exercise. The following questions greatly help us in accessing your movement and core stability.

Are you or could you be pregnant, or been pregnant within the last 6 months

Have you had a baby in the last 6 months?

If yes did you have a caesarean?

If yes did you have any complications with the birth?

**Have you been referred by a specialist practitioner, Eg. GP physio, osteopath, chiropractor?**

Do you hereby give permission for us to contact them?  Y  N

Please state their name, profession and contact number:

## Your goals!

- What are your reasons for taking up pilates
- What health or physical goals would you like to achieve over the next 3 months?
- What health or physical goals would you like to achieve over the next 12 months?

### **Please read the small print!**

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

Pilates exercises are very safe but, as with all forms of physical exercise, it is prudent to consult your doctor before starting Pilates 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 can accept no 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 instruction on safety or technique
- Such injury is caused by the negligence of another participant in the class/ studio

Always remember, exercise should be performed at a pace which feels comfortable for you.

**PAIN is the body's warning system and should NOT BE IGNORED**

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

**Signed:**

**Date**

**Jax Eade:**

**Date**

**We pay for classes in blocks of usually 6 weeks in advance** offers are available for payment of the whole term in advance. I am sorry but refunds are not possible unless in exceptional circumstances. Payment by cash or cheque to 'J. Eade '

**Missed sessions** can be caught up within the term attended only by swapping to another class if space is available. Please contact me, preferably in advance by phone 01223 277102 to find if space is available. You are welcome to just turn up but may have to leave if the class is full.

**Thank you and I look forward to working with you.**