

Your details

Client Name: _____ Date of Birth: _____
Address: _____
Postcode: _____
Home tel: _____ Mobile: _____
Email: _____

Your current medical condition

Have you done Pilates before and when?
.....

Do you have any pain in the following areas?

	Yes	No		Yes	No
HIP	<input type="checkbox"/>	<input type="checkbox"/>	NECK	<input type="checkbox"/>	<input type="checkbox"/>
BACK	<input type="checkbox"/>	<input type="checkbox"/>	SHOULDERS	<input type="checkbox"/>	<input type="checkbox"/>
KNEES	<input type="checkbox"/>	<input type="checkbox"/>	ELBOWS	<input type="checkbox"/>	<input type="checkbox"/>
ANKLES	<input type="checkbox"/>	<input type="checkbox"/>	OTHER		

.....

Please expand on location of pain and limitations

.....
.....

Have you had any surgery?

.....

Please circle any of the following conditions that you have been diagnosed with or have had treatment for.

- | | | | |
|----------|-------------------------|----------------|----------|
| Asthma | High/Low blood pressure | Heart problems | Epilepsy |
| Diabetes | Osteoporosis | Cancer | Stroke |

Pilates participation informed consent

The Pilates programme will begin at a low level and will be progressed however if you feel fatigue or discomfort you must stop and take a break. There exists the possibility of certain dangers when exercising. They include abnormal blood pressure, fainting, irregular, fast or slow heart rhythm and in rare instances, heart attack, stroke or death. Whilst every care will be taken, it is impossible to predict the body's exact response to exercise. I am aware of the risks in participating in this class and I understand that my participation in this class is entirely at my own risk. I assume complete responsibility and liability for those risks and for the injuries that may occur as a result of those risks even if injuries occur in a manner that is not foreseeable at the time I sign this agreement.

I have read and understand the terms of the privacy policy

Signed: _____ Date: _____