



PERSONAL DETAILS

Name:..... **Date of Birth:**.....

Address:.....

Contact Numbers:..... **Email:**.....

How did you hear about us?

EMERGENCY CONTACT DETAILS

Name: **Contact Number:**.....

PLEASE ANSWER THE FOLLOWING QUESTIONS AS FULLY AS POSSIBLE TO ENSURE THAT YOUR WORKOUT IS AS SAFE AND EFFECTIVE AS POSSIBLE.

Do you have any injuries, aches, pains (past or present)? Please describe.

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Have you had any joint replacement/supportive surgery? Please describe.

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Have you seen a doctor or other healthcare professional regarding this condition? If so, what was their diagnosis?

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Has your GP ever said you have a heart condition or defect? Please describe.

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Do you feel pain in your chest when you undertake physical exertion? Please describe.

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Have you been cleared by your GP/Consultant/Therapist to start Pilates? Yes/No

If yes, do you give your permission for us to contact them? If yes, please give name and contact details.

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Are you or were you active in any sports, exercise or physical activity? Please describe.

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Are you or could you be pregnant now? Yes/No



PILATES IN THE LOG CABIN

If you are pregnant, how many weeks are you?.....

Have you been pregnant in the last six months? Yes/No If yes, how long ago?.....

If you have had a baby, how was it delivered? Normally/Caesarean/Normally with intervention

Do you suffer from regular headaches or migraines? Yes/No

Do you ever lose your balance because of dizziness or feel faint? Yes/No

Is your blood pressure Normal/High/Low?

Have you had any major minor or major surgery in the last 5 years? Please describe.

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Do you suffer from Asthma/Diabetes/Epilepsy? Yes/No If yes, which?.....

Have you ever been told you have arthritic joints, osteoporosis, osteopenia or any bone or joint problem that may be made worse by exercising? Please describe.

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Do you suffer from back or neck pain? Please describe.

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Do you have pain in any other joints (hips, ankles, etc)? Please describe.

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Are there any movements which cause you pain? Please describe.

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Have you been diagnosed as hypermobile? Yes/No

Please list any health problems you suffer not already mentioned that may affect your ability to exercises. If you have answered yes to any of the above, we advise you consult with your medical practitioner before commencing Pilates classes. Please give any further relevant details below.

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What is your occupation? What does your day typically involve? E.g. sitting at a computer, lifting, driving, etc.

What would you most like to see an improvement in as a result of this exercise programme?

IMPORTANT INFORMATION

Please advise us before any session if your health or ability to exercise has changed.

It is inadvisable to do Pilates up to 14 weeks pregnant and also 12 weeks after giving birth.

Pilates exercises are very safe but it is always prudent to check with your doctor first.

These sessions are not a substitute for medical health care. If you have any doubts about the suitability of any exercises you should refer back to your medical practitioner.

We can accept no liability for personal injury related to participation in our sessions if

a) your doctor has advised on health grounds against such exercise

b) you fail to observe instructions on safety or technique

c) such injury is caused by the negligence of another participant in the class

Exercise should be performed at a pace that suits you. Pain is the body's warning system and should not be ignored. Please inform us immediately if you experience any discomfort during or after a session.

Please note that corrections are hands-on.

I understand the above questions and information and I have answered them to the best of my knowledge. I agree that I am in good physical condition (except as stated above) and accept that I exercise at my own risk. I understand that whilst the utmost care is taken, that individual instructors will not be liable for damage or injury. I understand that I will be undertaking a general exercise programme with an underlying concept of Pilates and that any necessary insurance claim (which we have never had to date) will be applied for under public liability insurances as Pilates instructors. I understand that I have to give 24 hours cancellation notice for session slots reserved for me, otherwise the full fee will be charged.

Signed:..... Date:.....