



Body Control Pilates

Client Enrolment Form



Name: _____

Address: _____

 _____ Postcode: _____

Home Tel: _____ Mobile Tel: _____

Email: _____

Occupation: _____

Date of birth: _____

Sports/hobbies: _____

1. Do your daily activities (work, hobbies) involve any of the following (please tick)?

Sitting for long periods
Bending
Lifting heavy weights
Working at a computer

Driving
Standing
Repetitive actions

2. Do you have any sort of heart trouble or defect?
3. Have you had any surgery in the last 10 years?
4. Are you taking any medication that could affect your ability to exercise?
5. Do you often get headaches?
6. Do you have arthritic joints or any bone/joint problem made worse by exercise?
7. Is your blood pressure: high low normal
8. Do you have: asthma epilepsy any allergies

Y	N

If you have ticked 'yes' to any of the above questions, please elaborate below:

9. Are you, or could you be, pregnant now? _____
If **YES**, when is your due date? _____

10. Have you been pregnant in the last six months? _____

11. If you have had any children, please list how many and how they were delivered?

12. Do you suffer from back or neck pain? If **YES**, how does this restrict you?

13. Do you have pain or restricted movement in any other joints (upper or lower limb)?

14. Have you been diagnosed as having hypermobility in any joints? If so, which ones?

15. Have you been referred to Pilates by a GP, Consultant, Osteopath, Chiropractor, Physiotherapist or any other specialist therapist?

Y	N
<input type="checkbox"/>	<input type="checkbox"/>

If **YES**, do you hereby give me permission to contact them?

<input type="checkbox"/>	<input type="checkbox"/>
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Referred by (practitioner's name): _____

Practitioner's contact No. _____

16. Will this be the first time you have practised Pilates?

Y	N
<input type="checkbox"/>	<input type="checkbox"/>

If **NO**, what type of Pilates have you previously done (please tick)?

Body Control Pilates classes

<input type="checkbox"/>
<input type="checkbox"/>

 Other Pilates classes

<input type="checkbox"/>
<input type="checkbox"/>

At home (book, DVD)

<input type="checkbox"/>
<input type="checkbox"/>

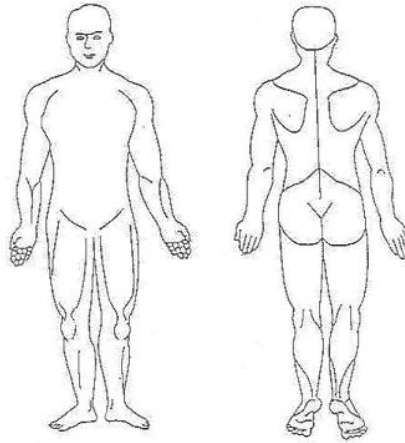
 Private or studio sessions

<input type="checkbox"/>
<input type="checkbox"/>

17. What would you like to achieve from your Pilates sessions?

Please list any health problems you suffer from, not already mentioned, that may affect your ability to exercise. If you have answered **YES** to any of questions 2-14 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 answered **YES**.

For teachers use only



Important Information

Please advise your Pilates teacher before commencing any session if, for any reason, your health or ability to exercise changes.

It is inadvisable to do Pilates between weeks 8-14 of pregnancy, unless by special arrangement with your teacher. It is also wise to wait six weeks after the birth before resuming exercise.

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 instructions on safety and technique.
- Such injury is caused by the negligence of another participant in the class/studio.

Exercise should be performed at a pace which feels comfortable to you. **Pain** is the body's warning system and should **not be ignored**. Please inform your Pilates teacher **immediately** if you feel any discomfort during a session. Please also inform the teacher if you felt any discomfort after a previous session.

I understand that Body Control Pilates exercises involve hands-on correction and I hereby consent for my teacher to work in this way.

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

Signed:

Client: _____ **Date:** _____

Teacher: _____ **Date:** _____

Please return completed forms to:
16 Savile Way, Fowlmere, Royston, Herts, SG8 7TU
Cheques payable to 'Cambs Village Pilates'

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