



Enrolment form

Name: _____ Date of birth: _____

Contact numbers: _____

e-mail address: _____

Occupation: _____

Sports /Hobbies: _____

Why do you want to take up Pilates? _____

Please circle what areas you would like to concentrate on?

STRENGTH FLEXIBILITY STRESS REDUCTION POSTURE RELAXATION

OTHER: _____

Do you have any health or physical goals that you would like to achieve?

All information given will be treated in the strictest confidence.

Exercise should be performed at a pace which feels comfortable for you. PAIN is the body's warning system and should not be ignored. Please inform the instructor immediately if you feel discomfort during a session.

Does your work/sport involve?

- Sitting for long periods
- Bending
- Lifting heavy weights
- Standing
- Driving
- Any other repetitive actions

Have you done Pilates before?

- Yes For how long?
- No

Do you often suffer from headaches?

- Yes Frequency
- No

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

- Yes Please expand
- No

Do you feel pain in your chest when under taking physical activity?

- Yes Please expand
- No

Are you, or could you be pregnant?

- Yes Due Date?
- No

If pregnant in the last 6 months did you have a

- Normal Delivery
- Caesarian

Do you lose your balance because of dizziness or do you ever lose consciousness, feel faint or dizzy when taking part in exercise?

- Yes Please expand
- No

Is your blood pressure

- High
- Normal
- Low

Have you had any major surgery in the last 10 years?

- Yes Please expand.....
- No

Have you had minor surgery in the last two years?

- Yes Please expand.....
- No

Do you suffer from asthma, diabetes or epilepsy?

- Yes Please expand.....
- No

Have you ever been told that you have arthritic joints, osteoporosis, or any other joint problems that may be made worse by exercise?

- Yes Please expand.....
- No

Do you suffer from back or neck pain?

- Yes Please expand.....
- No

Do you have pain or restricted movement in any other joints (e.g. hip knee, ankle, elbow, shoulder)?

- Yes Please expand.....
- No

Have you been diagnosed as hypermobile in any joints?

- Yes Please expand.....
- No

Are there any movements that cause you pain?

- Yes Please expand.....
- No

Are you taking any drugs or medication which may affect your ability to exercise?

- Yes Please expand.....
- No

Have you been referred to Pilates by a specialist practitioner?

- Yes. Do you hereby give permission for us to contact them?
- No

Name.....

Telephone.....

Please list any other health problems you suffer not already mentioned, that might affect your ability to exercise.....

.....

If you have answered yes to any of the above questions, we advise you to contact your medical practitioner before you start Pilates

Please advise the instructor before commencing the class 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 classes. The classes are not a substitute for medical counseling or treatment.

It is inadvisable to do Pilates between 8-14 weeks of pregnancy, unless by special arrangement with the instructor. It is advisable to wait 6 weeks after the birth before resuming exercise.

The instructor can accept no liability for personal injury related to participation in the class if:

- Your doctor has , on health grounds advised against such exercise
- You fail to observe instructions on safety or technique
- Such injury is caused by the negligence of another participant in the class/studio

Client.....

DATE

Instructor

DATE