

pilatesinverness

THE CITY in THE HIGHLANDS

Client Enrolment Form

Name:

Address:

Date of Birth:..... Postcode:.....

Home Tel:.....Work Tel:.....

Mobile:.....Email:.....

Occupation:.....

Hobbies / Sports:

Doctors Name:..... Dr's Tel #:.....

Address:

Does your work / sport involve any of the following: (Please tick)

Sitting for long periods () Bending () Lifting heavy objects ()
Driving () Standing () Any other repetitive action ()

1. Has your Doctor ever said that you have any sort of heart trouble or defect? YES () NO ()

If yes please give details.....
.....

2. Have you ever been told that you may have arthritic joints, hyper mobile joints (excessive joint mobility), Osteoporosis, Osteopenia or any other bone or joint problem that may be made worse by exercise? YES () NO ()

If yes please give details.....
.....

3. Are you or could you be pregnant now? YES () NO ()

Have you been pregnant in the last 6 months? YES () NO ()

4. Do you suffer from asthma, diabetes or epilepsy? YES () NO ()

If yes please give details.....

5. Is your blood pressure: High () Low () Normal ()

6. Have you any medical conditions that I need to be aware of? YES () NO ()

7. Are you taking any drugs / medication which may affect your ability to exercise? YES () NO ()

If yes please give details.....

8. Do you suffer from back or neck pain? BACK () NECK ()

If yes please give details.....

9. Do you have any pain or restricted movement in any other joints? YES () NO ()
(e.g, kneeling, raising arm, bending forward or to the side etc...)

If yes please give details.....

Have you been referred by a specialist practitioner? YES () NO ()
If yes do you give us the permission to contact them? YES () NO ()

If yes please give details Name:.....Contact No:.....

10. Have you been given any remedial exercises YES () NO ()
(if so can you briefly describe them?)

.....

11. What do you want to achieve from your Pilates sessions?

.....
.....

Please use the space below to give any more information you feel we should be made aware of:

1. Please advise the teacher before commencing a session if for any reason your ability to exercise has changed.
2. You are more vulnerable to miscarriage between weeks 8 & 14 of pregnancy, therefore, prior discussion is required between you & your teacher before you proceed with classes. It is also wise to wait 6 weeks after birth before resuming exercise.
3. Pilates exercises are very safe but, as with all forms of physical exercise, it is prudent to consult your doctor before starting pilates lessons. 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:
 - you fail to listen/observe instructions on safety technique.
 - such injury is caused by the negligence of another participant in the class/studio.
4. Exercise should be performed at a pace which feels comfortable for you. PAIN is the body's warning system & should NOT BE IGNORED. Please inform your teacher immediately if you feel any discomfort during a session or after a previous session.
5. I understand that pilates exercises involve hands-on correction, I therefore give my consent for my pilatesinverness teachers to work by these means.

Signature Client:.....Date:.....

Signature Teacher:.....Date:.....

www. pilatesinverness.com Anne-Marie Hulme 07834 827 876 Sarah Hunt 01309 690410 Claire Swanepoel 07778 575 159 Shona Pottinger 07887 950 278

Please take this completed form with you to your first session
All details are in confidence
A strict 24 Hours Cancellation policy or full lesson fee will be charged
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