

## **Client Enrolment Form**

ALL INFORMATION WILL BE TREATED IN THE STRICTEST OF CONFIDENCE

PERSONAL DETAILS:	PART 1 - YOUR BACKGROUND AND YOUR HEALTH
NAME:	DOES YOUR WORK/SPORT INVOLVE ANY OF THE FOLLOWING?
ADDRESS:	☐ Sitting for long periods ☐ Driving ☐ Standing ☐ Standing ☐ Lifting heavy weights ☐ Any other repetitive action
	2. WILL THIS BE THE FIRST TIME THAT YOU HAVE PRACTISED PILATES?
CONTACT TELEPHONE NUMBERS:	Yes No
	If NO, have you previously attended:
EMAIL ADDRESS:	Studio Body Control Pilates Matwork classes Other Pilates matwork At home (book, DVD)
SEX:	Number of classes attended previously:
☐ Male ☐ Female	0-5
DATE OF BIRTH:	3. HAS YOUR DOCTOR EVER SAID THAT YOU HAVE ANY SORT OF HEART TROUBLE OR DEFECT?
OCCUPATION:	Yes No
SPORTS, HOBBIES:	4. DO YOU FEEL PAIN IN YOUR CHEST WHEN YOU UNDERTAKE PHYSICAL ACTIVITY?
	☐ Yes ☐ No
	5. ARE YOU, OR COULD YOU BE PREGNANT NOW?
EMERGENCY CONTACT DETAILS:	☐ Yes ☐ No
NAME:	If YES, when is your due date?
CONTACT TELEPHONE NUMBERS:	6. HAVE YOU BEEN PREGNANT IN THE LAST SIX MONTHS?
	☐ Yes ☐ No
	7. IF YOU HAVE HAD A BABY, HOW WAS IT DELIVERED?
EMAIL ADDRESS:	☐ Vaginal☐ Caesarean☐ Vaginal with intervention (eg. Forceps)☐

CER18

8. DO YOU OFTEN GET HEADACHES?	17. DO YOU HAVE PAIN OR RESTRICTED MOVEMENT IN ANY OTHER JOINTS (EG: HIP, KNEE, ANKLE, SHOULDER)?	
☐ Yes ☐ No	Yes No	
9. DO YOU LOSE YOUR BALANCE BECAUSE OF DIZZINESS OR DO YOU EVER LOSE CONSCIOUSNESS, FEEL FAINT OR DIZZY?	18. HAVE YOU EVER BEEN DIAGNOSED AS HYPERMOBILE (EXCESSIVE JOINT MOBILITY)?	
☐ Yes ☐ No	☐ Yes ☐ No	
10. DO YOU HAVE HIGH BLOOD PRESSURE?	19. IF YOU HAVE ANSWERED 'YES' FOR QUESTIONS 14-18, DO YOU HAVE MEDICAL PERMISSION TO EXERCISE?	
☐ Yes ☐ No	☐ Yes ☐ No	
If YES, is this regulated by medication? Please give details:	20.ARE THERE ANY MOVEMENTS THAT CAUSE YOU PAIN?	
	☐ Yes ☐ No	
11. IS YOUR BLOOD PRESSURE:	21. ARE YOU TAKING ANY DRUGS OR MEDICATION WHICH MAY AFFECT YOUR ABILITY TO EXERCISE?	
☐ Normal ☐ Low	☐ Yes ☐ No	
12. HAVE YOU HAD MAJOR SURGERY IN THE LAST 10 YEARS?	22.HAVE YOU EVER BEEN RECOMMENDED TO TAKE UP PILATES BY A SPECIALIST PRACTITIONER?	
☐ Yes ☐ No	Yes No	
13. HAVE YOU HAD MINOR SURGERY IN THE LAST TWO YEARS?	If YES, by your:	
Yes No	□GP	
14. DO YOU SUFFER FROM ASTHMA, DIABETES OR EPILEPSY?	Physiotherapist Chiropractor	
Yes No	☐ Osteopath ☐ Other	
15. HAVE YOU EVER BEEN TOLD YOU HAVE ARTHRITIC JOINTS, OSTEOPOROSIS, OSTEOPENIA OR ANY BONE OR JOINT PROBLEM THAT MAY BE MADE WORSE BY EXERCISING?	23.DO YOU HEREBY GIVE US PERMISSION TO CONTACT THEM?	
☐ Yes ☐ No	☐ Yes ☐ No	
16. DO YOU SUFFER FROM BACK OR NECK PAIN?	If YES, please state their name and contact number:	
☐ Yes ☐ No	Practitioner's name:	
	Practice telephone:	
Please list any health problems you suffer, not already mentioned, the to any of questions 3-21 above, we advise you consult with your mentioned further relevant details below, in confidence, to any questions you tied. Are there any factors your teacher should be aware of that may prevaled the following problems.	dical practitioner before you start Pilates Classes. Please give cked YES.	

## PART 2 - YOUR AIMS

24. WHAT ARE YOUR REASONS FOR TAKING UP PILATES?

25. WHAT HEALTH OR PHYSICAL GOALS WOULD YOU LIKE TO ACHIEVE OVER THE NEXT THREE MONTHS?

26. WHAT LONGER-TERM HEALTH OR PHYSICAL GOALS WOULD YOU LIKE TO ACHIEVE OVER THE NEXT 12 MONTHS?

## **PART 3** - IMPORTANT INFORMATION

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

It is inadvisable to do Pilates between weeks 8 to 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 or 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 for you. Pain is the body's warning system and should not be ignored. Please inform your teacher immediately if you feel any discomfort during a session. Please also inform your 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 teachers 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.

I confirm that my teacher may use the contents of this form, and any other information I may later provide, for teaching purposes, and that this information:

- will be used in confidence and stored securely
- will not, in any circumstances, be shared with a third party without my written consent, unless that party is another (Body Control)
   Pilates teacher who will teach me.
- may be retained by the teacher for a period of time such as complies with professional, legal and insurance requirements that they must fulfil

I confirm agreement for my teacher to contact me with information on classes and other Pilates-related activities, and understand that I have the right to withdraw this 'consent to be contacted' at any time.

Signed:	
Client	Date
Teacher	Date



This form is only to be used by certified Body Control Pilates teachers

## For teacher use only

