

NAME & DOB

PILATES CLIENT HISTORY FORM
PLEASE DO NOT RETURN VIA EMAIL

NAME

DATE OF BIRTH

ADDRESS

POST CODE

TELEPHONE / MOBILE and E MAIL

NEXT OF KIN/ EMERGENCY CONTACT:

- Name
- Telephone/ mobile

OCCUPATION

SPORTS/ HOBBIES/ PREVIOUS EXPERIENCE OF PILATES

Frequency / current level of activity

NAME &DOB

MEDICAL INFORMATION- please circle yes or no , if yes give full details

- Are you currently receiving any medical treatment?

Yes No

Details

- Are you taking any prescribed medication?

Please note this is for records only, I am unable to give advice on medication

Yes No

Details

- Have you had any major illnesses or operations?

Yes No

Details(Please specify dates and any scars/ problems)

NAME &DOB

- Have you had any injuries or fractures?

Yes No

Details and dates

- Do you have any joint problems?

Yes No

Details

- Do you experience any pain?

Yes No

Details

- Are there any movements that cause you pain or discomfort
e.g. bending forwards/ raising arms

Yes No

Details

NAME &DOB

- Do you suffer from any of the following (please circle)

Asthma

Diabetes

Pins and needles

Heart condition

Epilepsy

Osteoporosis

Allergies

Arthritis

Back problems

Pelvic girdle pain/prolapse

Fatigue

Hypermobility

Continence issues

Details

- Blood pressure (please circle)

High

Low

Normal

Don't Know

- Are you currently pregnant or trying to conceive?

Yes

No

- Have you had a baby in the last 6 months?

Yes

No

- Is there any reason not yet mentioned, that should stop you performing physical exercise?

Yes

No

Details

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It is inadvisable to do Pilates between 6 – 14 weeks of pregnancy, unless by special arrangement with your teacher. We will continue to teach you Pilates after the birth once the 6 week check has been performed by your doctor.

The very nature of Pilates requires ‘hands on’ guidance from your teacher, this medium of teaching is used as a professional means of guiding you, the client, correctly through exercises. If you would prefer to avoid this please let your teacher know.

Please advise your teacher before commencing a class, if for any reason your ability to exercise has changed.

Pilates exercises are very safe but, as with all forms of physical exercise, if you have any problems OR concerns, it is prudent to consult your doctor before starting classes. The classes are NOT a substitute for medical treatment or counselling.

It is your responsibility to inform the teacher of any changes that may affect your exercise program such as:

- your Doctor (or any other health practitioner) has, on health grounds, advised you against such exercise
- if you do not disclose important medical details or changes to your ability to exercise to your teacher

It is also your responsibility to:

- to observe instructions on safety or technique on performance or use of equipment including therabands, balls and foam rollers. Bodywise Derby assumes no responsibility for injuries caused due to normal wear/tear/breakage or misuse.

Privacy notice

This information will not be shared with anyone without your consent other than the teachers of Bodywise Derby for Pilates classes/ rehab needs. We would also need to share relevant information to medical services in case of any incident where you would require medical attention whilst in a class/ workshop or 121 situations. In this instance we would also need to contact the next of kin you have stated on the form.

We would like to contact you directly regarding class times/ dates and workshops please circle methods of communication you are willing to consent to;

Email Phone text all of these

NAME &DOB

In signing this form, I, agree that I have completed the information accurately, have read and fully understood the advice outlined, and exercise at my own risk. I also consent to the privacy notice and communication methods circled

Signature _____
Date _____

Please print name _____

Teacher taking the assessment

Signature -----
Date _____

Please print name-----

Please circle

I will bring my own mat

I would like to borrow a mat

For any further information please contact Lesley Moran Bodywise Derby

NAME &DOB