

Today's Date / /

Name

Address

Email Address

Profession

Postcode

Mobile No.

Home No.

Work No.

Are you currently doing any other form of exercise?
If so, what are you doing and how often?

How did you hear about us? Please be specific and let us know in which shop/cafe you saw a leaflet, which site linked to us, who recommended us, etc.

MEDICAL HISTORY

Height (approx)

Weight (approx)

Date of Birth

Are you affected by any of the following? Please note any medications you take.

A chronic disease (e.g. Diabetes, Osteoporosis, ME)

Asthma or breathing problems

High / Low blood pressure or heart problems

Balance problems or dizziness

List any past significant surgery

List if you have been pregnant / had children & how old they are.

Did you have any complications or conditions arising from pregnancy and/or birth?

Please describe in full any musculoskeletal problems, eg. back, neck, shoulder, knee or other joint issues. Use the back of the form if you need more space.

Are you currently receiving any treatment from your GP / Physiotherapist / Osteopath for any musculoskeletal problems? Please state which treatments, and whether you have informed the practitioner that you are attending a Studio Pilates session.

Please read below and if you are happy to agree, please sign and date the form

- + I understand that my teacher is a qualified and insured Pilates studio teacher.
- + I understand that all exercise carries a risk of injury and will take responsibility for my own body.
- + I will tell the teacher of anything painful / unusual I experience in the session and between sessions.
- + I will stop doing the exercise if I or s/he thinks I need to, or follow the alternatives my teacher gives me.
- + I understand my teacher may offer me professional advice relating to my ability to exercise and s/he may consider it unprofessional to continue to teach me if I do not wish to follow that advice.
- + I will keep my teacher updated on any changes in my medical condition.
- + I agree to the terms and conditions of the studio as published on the website including the minimum 24hr cancellation policy for sessions.

Signed

Date / /