

OFFICE USE:	Date		
Matwork		Beginner	
Studio		Improved	
		Intermediate	

Client Enrolment Form

All information will be treated in the strictest confidence

<i>Personal Details</i>			
Name			
Address			
Postcode			
Home Tel			
Work Tel			
Email			
Sex	Male	<input type="checkbox"/>	Female
		<input type="checkbox"/>	
		<input type="checkbox"/>	

Date of Birth	
Occupation	
Sports/hobbies	
<i>Emergency Contact Details</i>	
Name	
Home tel	
Mobile	

Part 1: Your Background And Your Health

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

<input type="checkbox"/> Sitting for long periods	<input type="checkbox"/> Driving
<input type="checkbox"/> Bending	<input type="checkbox"/> Standing
<input type="checkbox"/> Lifting heavy weights	<input type="checkbox"/> Any other repetitive action
- Will this be the first time you have practised Pilates?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

 If NO, have you previously attended: (Please tick)

<input type="checkbox"/> Studio	<input type="checkbox"/> Other Pilates matwork
<input type="checkbox"/> Body Control Pilates matwork classes	<input type="checkbox"/> At home (DVD/Book)

 If you have attended classes, how many have you attended:

<input type="checkbox"/> 0-5	<input type="checkbox"/> 5-10	<input type="checkbox"/> 10-20	<input type="checkbox"/> 20+
------------------------------	-------------------------------	--------------------------------	------------------------------
- Has your doctor ever said that you have any sort of heart trouble or defect?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------
- Do you feel pain in your chest when you undertake physical activity?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------
- Are you, or could you be, pregnant now?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

 If YES, when is your due date?
- Have you been pregnant in the last 6 months?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------
- If you have had a baby, how was it delivered?

<input type="checkbox"/> Normally	<input type="checkbox"/> Caesarian
<input type="checkbox"/> Normally with intervention (e.g. forceps)	
- Do you often get headaches?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------
- Do you lose your balance because of dizziness or do you ever lose consciousness, feel faint or dizzy?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------
- Do you have high blood pressure?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes, but controlled with medication	
- Is your blood pressure:

<input type="checkbox"/> Normal	<input type="checkbox"/> Low
---------------------------------	------------------------------

Part 1: Your background and your health (continued)

12. Have you had major surgery in the last 10 years?

Yes No

Details _____

13. Have you had minor surgery in the last 2 years?

Yes No

Details _____

14. Do you suffer from asthma, diabetes or epilepsy?

Yes No

15. Have you ever been told that you have arthritic joints, osteoporosis, osteopenia or any bone or joint problem made worse by exercising?

Yes No

16. Do you suffer from back or neck pain?

Yes No

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

Yes No

18. Have you been diagnosed as hypermobile (excessive joint mobility)?

Yes No

19. Are there any movements that cause you pain?

Yes No

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

Yes No

Details _____

21. Have you been referred to Pilates by a specialist practitioner?

Yes No

If yes, by your :

GP Chiropractor

Physiotherapist Osteopath

Other

22. Do you hereby give us permission to contact them?

Yes No

If yes, please state their name and contact details

Practitioners Name _____

Contact Telephone no. _____

Address _____

Please give below further relevant details, in confidence, to any questions answered YES, in particular movements that cause you discomfort or pain. Please list ANY health problems you suffer, not already mentioned, that may affect your ability to exercise. If you have answered YES to any of questions 3-21 above, we advise that you consult with your medical practitioner, before you start Pilates Classes.

Part 2: Your aims

What are your reasons for taking up Pilates?

What health or physical goals would you like to achieve over the next 3/6 months?

How did you hear about The Stables Pilates Studio?

- Specialist Practitioner Referral Recommendation from friend/family
 Website/internet Other

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 6 weeks after the birth before resuming exercise.

Pilates exercise is 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 to 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 the teacher if you felt any discomfort after a previous session.

I understand Body Control Pilates exercises involve hands-on correction and I hereby consent for my teachers to work in this way.

I confirm I have read and understood the above information and the information I have given is correct.

Signed:

Client _____ Date _____

Teacher _____ Date _____

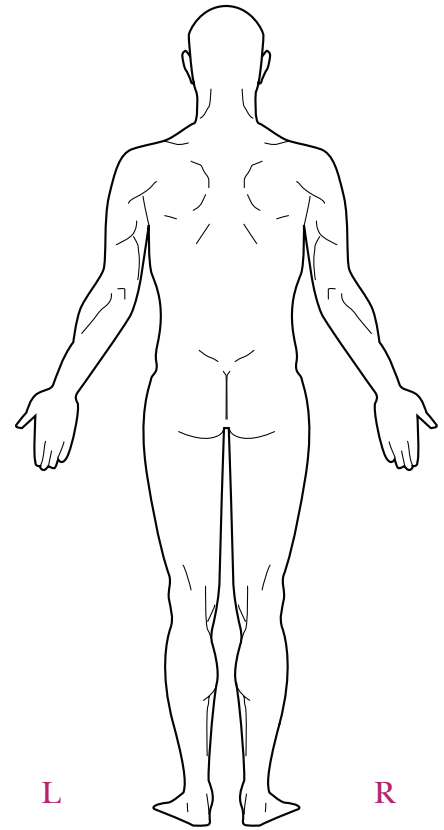
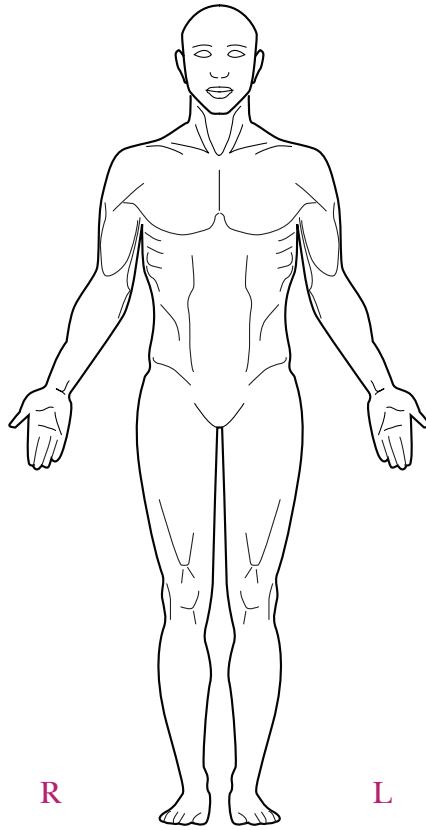
Client Enrolment Form

Teacher use only

Body Reading Chart

Structural Assessment

- Weighted Foot
- Breath
- Head
- Neck
- Shoulder Girdle
- Shoulder Joints
- Thorax/Rib Cage
- Lumbar spine
- Pelvic Girdle
- Hip Joints
- Knees
- Ankles
- Subtalar Joints
- Arches



Treatment Plan

Next Treatment

Clean-up

Things to look for

Homework Assignment



R/Right

L/Left