



Client Enrolment Form

Personal Details

Name _____

Address _____

Postcode _____

Mobile Tel _____

Email _____

Sex: Male / Female

Date of Birth _____ Age _____

Occupation _____

Sports, Hobbies _____

Emergency Contact

Name _____

Contact Tel _____

Mobile _____

Your Background & Your Health

 Please tick where appropriate

Do you have previous Pilates experience?

Yes No

If YES, have you attended:

Pilates Mat class Pilates Studio

Number of Classes Attended:

0-5 6-10 11-20 21+

Teacher's Name: _____

Were you referred by a Health Practitioner or Therapist?

Yes No

If Yes, by: GP Physiotherapist Osteopath Chiropractor Other: _____

Practitioner Name: _____

Have you ever suffered with a heart defect or heart attack?

Yes No

Is there a history of heart disease in your family?

Yes No

Is your blood pressure:

Normal High Low

Are you taking any drugs/medication that may affect your ability to exercise?

Yes No

Do you suffer from any of the following?

 Tick those which apply:

Diabetes

Cancer

Epilepsy

Neurological conditions

Asthma / Respiratory Problems

Hypermobility

Arthritis

Dizziness, fainting, vertigo, balance issues

Osteoporosis, Osteopenia

Have you had major surgery?

Neck pain

Have you had minor surgery?

Back pain

Joint pain or restricted movement

Headaches

Have you ever broken a bone?

Sciatica

Are there any movements that cause you pain?

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WOMEN ONLY:

Are you, or could you be, pregnant now?

Yes No

If YES, when is your due date? _____

Have you been pregnant in the last 6 months?

Yes No

If you have had a baby/s, how many children do you have? _____

How were they delivered? Normally Caesarean Normally but intervention (e.g. Forceps)

Please give further information on any health issues ticked on this form and list any other health issues not mentioned that may affect your ability to exercise. If you have ticked one or more of the above boxes and have not recently done so, we advise you consult your medical practitioner before starting, to check your suitability to partake in class.

Informed consent – Liability Waiver

I have completed this questionnaire to the best of my knowledge and have not withheld any information that may be significant or relevant. I undertake to advise of any changes to my health or present condition (including pregnancy) and any changes to contact details as soon as they arise. I understand that I exercise at my own risk and I acknowledge that I have either had a physical examination and have been given my Doctor's permission to participate, or that I have decided to participate in activity without the approval of my Doctor and do hereby assume all responsibility for my participation and activities, and utilisation of equipment in my activities.

I understand that classes at Bodyworks Pilates involve hands-on correction and I hereby consent for my teachers to work this way.

GDPR - Your data will not be shared with anyone unless express permission has been given to refer you to another health care practitioner or on such occasion that a cover instructor requires information on class participants in order to teach safely. All data will be stored securely and be held for a period of 7 years after your last class at which point records will be destroyed.

Mailing List (please tick to join) – I confirm that I would like to receive the occasional update email from Bodyworks Pilates informing me of course renewal information and what is going on at The Studio. I understand I can unsubscribe at any time.

Signed _____ Date _____