

Body Control Pilates® – Enrolment Form

All information will be treated in the strictest confidence.

Personal Details: Name: _____ Address: _____ _____ Postcode: _____ Tel: _____ Mobile: _____ Email: _____	Date of birth: _____ Sex: Male / Female Occupation: _____ Sports, Hobbies: _____ Emergency Contact Details: Name: _____ Tel: _____ Mobile: _____
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<p>1. Does your work/sport involve any of the following? Please tick</p> <p><input type="checkbox"/> Sitting for long periods <input type="checkbox"/> Driving</p> <p><input type="checkbox"/> Bending <input type="checkbox"/> Standing</p> <p><input type="checkbox"/> Lifting heavy weights</p> <p><input type="checkbox"/> Any other repetitive action</p> <p>2. Will this be the first time that you have practiced Pilates?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If NO, have you previously attended (please tick):</p> <p><input type="checkbox"/> Studio</p> <p><input type="checkbox"/> Body Control Pilates matwork classes</p> <p><input type="checkbox"/> Other Pilates matwork</p> <p><input type="checkbox"/> At home (book, DVD)</p> <p>Number of classes attended:</p> <p><input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 20+</p>	<p>3. Has your doctor ever said that you have any sort of heart trouble or defect?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you feel pain in your chest when you undertake physical activity?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are you, or could you be pregnant now?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, when is your due date? _____</p> <p>6. Have you been pregnant in the last six months?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, how was your baby delivered?</p> <p><input type="checkbox"/> normally <input type="checkbox"/> caesarian</p> <p>7. Do you often get headaches?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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8. Do you lose your balance because of dizziness or do you ever lose consciousness, feel faint or dizzy?

Yes No

9. Do you have high blood pressure?

Yes No

10. Is your blood pressure:

Low Normal

11. Have you had major surgery in the last ten years?

Yes No

12. Have you had minor surgery in the last two years?

Yes No

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

Yes No

14. Have you ever been told that you have arthritic joints, osteoporosis, or any other bone or joint problem that may be made worse by exercise?

Yes No

15. Do you suffer from back or neck pain?

Yes No

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

Yes No

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

Yes No

18. Are there any movements which cause you pain?

Yes No

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

Yes No

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

Yes No

If YES, by your:

GP

Physiotherapist

Chiropractor

Osteopath

Other _____

21. Do you hereby give permission for us to contact them?

Yes No

If YES, please state their name & contact number:

Practitioner's name: _____

Practice Telephone: _____

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 3-20 above, we advise that you consult with your GP before you start Pilates classes. Please give below further relevant details, in confidence, to any questions ticked 'yes'.

What are your reasons for taking up Pilates?

What health or physical goals would you like to achieve over the next three months?

What longer term health or physical goals would you like to achieve over the next 12 months?

Important Information

Please advise us before commencing a session if for any reason your health or ability to exercise has changed.

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 exercises are very safe but, as with all forms of physical exercise, it is prudent to consult your doctor before starting.

These sessions are not a substitute for medical counseling 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 a warning system & 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 that Body Control Pilates exercises involve hands-on correction & I hereby give consent for my teachers to work in this way.

I confirm that I have read & understood the above advice & that the information I have given is correct.

Signed,

Client _____

Date _____

Teacher _____

Date _____