



The Pilates Centre

Client Information Form

All information provided in this form will remain confidential.

How to fill out this form

This document is an interactive PDF. Please click on each box to fill out the appropriate information. Once the form is completed, please save it to your computer and email it to sarah@thepilatescentre.org prior to your first session to ensure that your instructor has the required information to provide the best level of instruction.

Personal Details

Name

DOB

Email

Telephone

Address

Sex

Male

Female

Other

Occupation

Hobbies

Emergency Contact

Name

Telephone

Email

Background & Health

1. Please tick any of the following that describes you at work/ home

Sitting for extended periods

Driving

Standing

Lifting heavy weights

Bending

Repetitive Actions

2. Is this your first time practicing pilates?

Yes

No

If no, have you attended any of the following?

Group mat classes

Studio Reformer classes

Home (eg: Video)

No. of classes previously attended

0-5

5-10

10-20

20+

3. Has your doctor ever diagnosed you with heart troubles/ defects?

Yes

No

4. Do you experience chest pain during exercise?

Yes

No

5. Are you or is it possible that you are currently pregnant?

Yes

No

If yes, when is the due date?

6. Have you been pregnant in the last 6 months?

Yes

No

7. If you have given birth, how was the baby delivered?

Vaginal

Caesarean

Vaginal with intervention (eg: Forceps)

8. Do you regularly experience headaches?

Yes

No

9. Do you lose balance through dizziness, lose consciousness, feel faint or dizzy?

Yes

No

10. Do you have high blood pressure?

Yes

No

If yes, is this regulated with medication?
Please provide details

11. Is your blood pressure

Normal

Low

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

Yes

No

13. Have you had minor surgery in the last 10 years?

Yes

No

14. Do you have Asthma, Diabetes or Epilepsy?	Yes	No
15. Have you ever been diagnosed with having Arthritic joints, Osteoporosis, Osteopenia or any bone or joint problem that may be made worse by exercising?	Yes	No
16. Do you suffer from back/ neck pain?	Yes	No
17. Do you have pain or restricted movement in any other joints (eg: Hip, Knee, Ankle, Shoulder?)	Yes	No
18. Have you ever been diagnosed as Hypermobile (excessive joint mobility)?	Yes	No
19. If 'Yes' for questions 14-18, do you have medical permission to exercise?	Yes	No
20. Do any movements cause pain?	Yes	No
21. Are you taking medication or drugs that may affect your ability to exercise?	Yes	No
22. Have you ever been recommended to take up pilates by a specialist practitioner?	Yes	No
If yes, please choose one of the following	GP	Physiotherapist
	Chiropractor	Osteopath
	Other	
23. Do you hereby give permission for us to contact them?	Yes	No
If yes, please provide their name and contact number	Practitioner's name	
	Practitioner's telephone	

Please list any health problems you suffer from, not already mentioned, that may affect your ability to exercise. If you have answered 'Yes,' to any of questions 3-21, we strongly advise that you consult with your medical practitioner before you start Pilates Classes.

Please give further relevant details below, in confidence, to any questions you have ticked 'Yes,' for.

Are there any factors your teacher should be aware of that may prevent you from regularly attending classes (such as child care, lack of transport, shift work)?

Your Aims

24. What are your reasons for taking up Pilates?

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

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

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 six 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 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
- You have ticked "No" for question 19

Exercise should be performed at a pace which feels comfortable for 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 your teacher if you felt any discomfort after a previous session.

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

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

- I confirm that my teacher may use the contents of this form, and any other information I may later provide, for teaching purposes, and that this information:

- Will be used in confidence and be stored securely
- Will not, in any circumstances, be shared with a third party without my written consent, unless that party is another Pilates Centre teacher who will teach me.
- May be retained by the teacher for a period of time such as complies with professional, legal and insurance requirements that they must fulfill

- I confirm agreement for my teacher to contact me with information on classes and other Pilates-related activities, and understand that I have the right to withdraw this 'consent to be contacted' at any time.

The personal data collected above will be used by The Pilates Centre for health care purposes, but will also be stored by Wix in the USA. Under Article 6 and Article 9 requirements of fair processing (Article 6(a) and Article(2) (a), by ticking this box you are agreeing to the terms and conditions.

Signed

Client

Date