



PERSONAL DETAILS:

Your name

Address

Telephone

Email

Date of birth

Sports/hobbies

Occupation

EMERGENCY CONTACT DETAILS:

Name

Relationship to you

Tel

All information given will be treated with the strictest confidence.

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"/>	Lifting Heavy Weight
<input type="checkbox"/>	Standing
<input type="checkbox"/>	Any other repetitive action

2. Have you done Pilates before?

3. Do you have any heart defects or conditions?

4. Do you suffer with chest pain?

5. Are you or could you be pregnant?

6. Have you had any children?

Please indicate any relevant details that may influence how you move. (Post natal clients)

7. Do you suffer with headaches?

8. Do you ever lose your balance because of dizziness, suffer faintness or similar symptoms?

9. Do you have high blood pressure?

10. Is your blood pressure normal or low?

11. Have you ever had any surgery in the past 10 years?

12. Please indicate any minor surgery

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

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

15. Do you suffer from any back or neck pain?

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

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

18. Are there any movements that cause you pain?

19. Are you currently taking any drugs or medication?

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20. Have you been asked by a specialist practitioner to 'do' Pilates?

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21. Would you be happy for us to contact them?

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22. Please indicate WHY you want to practice Pilates and WHAT you aim to achieve.

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23. How did you hear about us? (Please tick)

<input type="checkbox"/>	Search engine
<input type="checkbox"/>	Social media
<input type="checkbox"/>	Blog or Forum
<input type="checkbox"/>	Advertisement
<input type="checkbox"/>	Event
<input type="checkbox"/>	Recommended by a friend
<input type="checkbox"/>	Other