

Today's Date is: _____

<p>Personal Details</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Postcode: _____</p>	<p>Date of Birth: _____</p> <p>Sex: Male / Female</p> <p>Occupation: _____</p> <p>Sports, Hobbies, you used to, do now and would like to do?: _____</p> <p>_____</p> <p>_____</p>
<p>Home Tel: _____</p> <p>Mobile: _____</p> <p>Email: _____</p>	<p>Emergency Contact Details</p> <p>Name: _____</p> <p>Home Tel: _____</p> <p>Mobile: _____</p>
<p>Number of Children: _____ Ages of Children: _____</p>	

All information will be treated in the strictest confidence.

PART 1: Your Background and Your Health

1. 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 |

2. Will this be the first time that you have practiced Pilates?

- Yes No

Who taught you and for how long?

3. Has your doctor ever said that you have any sort of heart trouble or defect?

- Yes No

4. Do you feel pain in your chest when you undertake physical activity?

- Yes No

5. Are you, or could you be, pregnant now?

- Yes No

If YES, when is your baby due?

6. Have you been pregnant in the last year?

- Yes No Miscarriage

How was your baby delivered?

- normally caesarean forceps

7. How often do you get headaches in any month?

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

PART 1: Your Background and Your Health (continued)

10. Is your blood pressure:

- Normal? Low?

11. When was your blood pressure last checked

12. Have you ever had any surgery or injuries ever? Please List:

13. Do you suffer from asthma, diabetes or epilepsy? or do you carry medication for any other condition? (heart etc)

- Yes No

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?

- Yes No

15. Do you get pain? Back/Neck/Knee etc

- Yes No

Please describe where

In a month how often do you get this pain?

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

- Yes No

17. Are there any activities or movements which cause you pain?

- Yes No

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

- Yes No

19. How did you find out about this Pilates Centre

- GP
- Physiotherapist
- Chiropractor
- Osteopath
- Web
- Friend
- Brochure

20. Do you hereby give permission for us to thank them?

- Yes No

If YES, please state their name and contact number

Name: _____

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 3-19 above, we advise that you consult with your medical practitioner before you start Pilates classes. Please give below further relevant details, in confidence, continuing on a separate sheet if necessary.

How to Book a Class and Achieve Your Health Goals

Thank you for filling in the enrolment form. It gives me an understanding of your needs. When I meet you I will do a musculo-skeletal assessment of your body (you remain clothed) and I begin our relationship the best way for your progress which is as a partnership. By this I mean I share with you exactly what you need to know about your body so that with my guidance you can find the fastest way to achieving your health goals and improving your body shape, pain, fitness and overall health.

Most people are fit enough to go into the general classes where you will achieve all the above listed benefits: Below some of these health gains are further described.

Please choose your first 3 preferred classes from the timetable of the 33 classes we offer over 6 days and five evenings. Please post me your enrolment form and a cheque for either a set of classes or for a private lesson in order to book a mat or private lesson. I ring you back to confirm the appointment before I cash any money.

If you have a lot of pain, stiffness or weakness, **private lessons** really are best for you. Teacher and client work hard in the private lessons. You will be amazed at the extremely important improvements that happen to your health. Each class is a mixture of gentleness, concentration and effort, and people leave feeling much better. Each class is designed to meet your personal needs. Partnerships are good and I will always liaise with your preferred health practitioner on your behalf and refer you on whenever I feel you could benefit from this.

1) Pain Riddance: I teach the form of pilates that is essential for getting rid of chronic aches and pains. and I apply my musculo-skeletal knowledge to finding and curing the source of your pain

2) Improved Fitness: Men and women who are already aerobically fit sometimes begin by questioning whether or not I can make them any fitter. They soon find that "yes!" is the answer.

3) Body Protection: Aerobically fit people too often wait for pain to bring them to me, yet one of the benefits of pilates here is that I teach you how to cure your bad movement and postural habits, I see your individual weaknesses and teach each exercise so that your whole body becomes more resilient to damage, knees, backs etc.

4) An even more Attractive Body: Over the years both my men and women clients have been complimented by associates on their improved appearance. Not one of these had lost weight but had gained muscle tone, a smaller waistline, and a better posture from their pilates here.

5) Weight Loss: Our Pilates-Rich Aerobics classes are great if you love circuits and want to lose weight without damaging your body.

N.B. If you have any history of heart problems these classes are probably not for you. Please ask and check with your doctor. Raised blood pressure must be under control via your doctor and related to the pilates instructor.