Client Enrolment Form

All information will be treated with the strictest of confidence

Are you happy for me to contact you via email or telephone? Yes No (boxes)

PERSONAL DETAILS:

NAME:

ADDRESS:

CONTACT TELEPHONE NUMBERS:

EMAIL ADDRESS:

SEX: Male Female

DATE OF BIRTH:

OCCUPATION:

SPORTS, HOBBIES:

EMERGENCY CONTACT DETAILS:

NAME:

CONTACT TELEPHONE NUMBERS:

YOUR BACKGROUND AND YOUR HEALTH

1. DOES YOUR WORK/SPORT INVOLVE ANY OF THE

FOLLOWING? (add boxes)

Sitting for long periods Driving Bending Standing Lifting heavy weights

Any other repetitive action

2. WILL THIS BE THE FIRST TIME THAT YOU HAVE PRACTISED PILATES/Powerplate? Yes No (boxes)

Number of classes attended previously: 0-5 5-10 10-20 20+ (boxes)

3. ARE YOU, OR COULD YOU BE PREGNANT NOW? Yes No (boxes)

If YES, when is your due date?

4. HAVE YOU BEEN PREGNANT IN THE LAST SIX MONTHS? Yes No (boxes)

5. IF YOU HAVE HAD A BABY, HOW WAS IT DELIVERED?

Vaginal Caesarean (boxes)

6. What aspect of your health would you like to concentrate on?:

Core Stability Flexibility Posture Strength

Stress Management Relaxation Other – please specify: (boxes)

***Medical history***

1. Have you ever suffered from heart trouble? YES / NO
2. Are you presently taking any form of medication? YES / NO
3. Do you suffer from chest pains? YES / NO
4. Do you ever have spells of dizziness or feel faint? YES / NO
5. Have you ever had either high or low blood pressure, and/or high cholesterol level? If YES please indicate which: YES / NO
6. Have you ever had asthma, chronic bronchitis or any other

chest ailments? If YES Please indicate which: YES / NO

1. Do you suffer from back pain or any orthopaedic problem? YES / NO

If YES please indicate which:

1. Do you suffer from severe headaches or migraines? YES / NO
2. Are you recuperating from a recent illness/operation or injury? YES / NO

If YES please expand:

1. Have you any medical condition that we should be aware of? YES / NO
2. Are you pregnant? If yes, how many months? YES / NO
3. Is there any history of heart disease in your immediate family (under the age of 55)? YES / NO
4. **PLEASE NOTE**:If you answered YES to any of questions 1-12, you are advised to seek medical advice/approval before commencing an exercise induction or exercise programme or consult further with your instructor.
5. *I have been informed both verbally and in writing that if I answer YES to any of questions 1-12 of this questionnaire, I should seek medical advice/approval before commencing an exercise programme and/or induction. If I wish to continue without such advice I do so entirely at my own risk. I confirm that I have read, fully understood and answered the above questions honestly. I understand that the Centre and any of its employees cannot be held responsible for any injuries or ill health arising from my participation in the exercise programme.*

Cancellation Policy

Clients are required to give 24 hours advance notice of their inability to attend, otherwise they will be charged in

full for the appointment if they fail to attend. Classes book in pre-paid terms cannot be refunded but alternative

dates and times to catch up the missed session will be offered.

1. Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_ Consultant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_