

Debbie Simm Pilates Client Enrolment Form

All information will be treated in the strictest confidence

Personal Details	
Name: _____	Date of Birth: _____
Address: _____	HomeTel: _____
_____	Mobile: _____
_____ Postcode: _____	Email: _____

Emergency Contact Details	
Name _____	Tel.no(s) _____

Your background and your health

Please answer No / Yes
(provide details & expand on page 3 if required)

1	Have you ever practiced Pilates before and for how long were you taught?	
2	Have you been referred to Pilates by a specialist practitioner? By whom?	
3	What is your occupation (or lifestyle if retired / at home)? What does this involve (eg. Driving ++, sitting at a computer etc)? What are your sports / hobbies?	

4	Are you pregnant? When is the due date?	
5	Have you been pregnant in the last year? When was the baby born? Was the delivery normal / caesarian?	

6	Do you have high / low blood pressure?	
7	Has your doctor ever said that you have any sort of heart trouble or defect?	
8	Do you ever feel pain in your chest when you exercise?	
9	Do you have any breathing problems?	
10	Do you suffer from asthma, diabetes or epilepsy?	
11	Have you ever had any major illnesses? Please give details.	
12	Have you had any operations? Please give details.	
13	Do you suffer from back or neck pain? Please give details and how it affects you.	
14	Have you ever been told that you have arthritic joints? What type of arthritis?	
15	Have you ever been told that you have osteoporosis?	
16	Do you have pain or restricted movement in any joints (e.g. hip, knee)?	
17	Are there any movements that cause you pain?	

18	If you suffer from any bone or joint problems, have you ever been told to avoid certain movements?	
19	Have you ever been diagnosed as hypermobile? (excessive joint mobility)?	
20	Do you get headaches frequently?	
21	Do you lose your balance because of dizziness?	
22	Do you ever lose consciousness, feel faint or dizzy?	
23	Do you suffer from pins and needles, numbness or weak in your muscles at all? If so which part of the body and when does it occur?	
24	Have you ever taken steroids?	
25	Have you ever taken drugs to thin the blood?	
26	Are you currently taking any medication? Please list.	

Please list any health problems that you suffer with, not already mentioned, that may affect your ability to exercise. Please expand on any of the questions above and give any further relevant details below.

What are your reasons for taking up Pilates?

What health or physical goals do you hope to achieve over the next few months, by practicing Pilates?

Where did you hear about "Pilates in Chester"?

IMPORTANT INFORMATION

Please advise the teacher before commencing any session if, for any reason your health or ability to exercise changes.

It is recommended that you do not practice Pilates before week 14 of pregnancy, unless by special arrangement with your teacher. It is also wise to wait six weeks after the birth of your baby before resuming exercise.

Pilates exercises are safe but, as with all forms of physical exercise, it is prudent to consult your doctor before starting Pilates sessions. Depending on your answers to the questions above, you may be asked to consult with your medical practitioner before you start Pilates classes.

These sessions are not a substitute for medical advice 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 and technique.
- Such injury is caused by the negligence of another participant in the class.

Exercise should be performed at a pace which feels comfortable to you. Please inform your teacher immediately if you feel discomfort or pain during a session. Please also inform the teacher if you felt any discomfort following a previous session.

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

Signed

Client

Date

Teacher

Date

