



**Personal Details**

**Name :** .....

**Address :** .....

.....

**Postcode :** .....

**Telephone No. : Home :** ..... **Mobile :** .....

**Email Address :** .....

**Date of Birth :** .....

**Occupation :** .....

**Sports / Hobbies :** .....

*All Information will be treated in the strictest confidence*

**Background and Health**

(1) Does your occupation, sports or hobbies involve any of the following ? (Please tick if appropriate)

- Sitting for long periods       Bending       Standing
- Lifting Heavy Weights       Driving       Any other repetitive Action

(2) Have you practised Pilates before ?       Yes     No

If **Yes**, have you previously attended :

- BCP matwork classes       Other Pilates matwork       At home (books, DVDs)

Number of classes attended     0-5     5-10     10-30     30+

(3) Have you been diagnosed with any sort of heart condition or defect ?       Yes     No

(4) Is your blood pressure       High     Low     Normal

(5) Do you often get migraines, feel faint or dizzy ?       Yes     No

(6) Have you been diagnosed with ?       Osteopenia       Osteoporosis

(7) Have you been diagnosed with arthritis or any bone / joint problem ?       Yes     No

(8) Do you suffer from back or neck pain ?       Yes     No

(9) Do you have restricted movement in any joints ?       Yes     No

(10) Are there any movements that cause you pain ?       Yes     No

(11) Have you ever had any surgery or major injuries ?       Yes     No

(12) Do you suffer from asthma, diabetes or epilepsy ?       Yes     No

(13) Are you taking any drugs or medication which may effect your ability to exercise ?       Yes     No

(14) Are you, or could you be pregnant ?       Yes     No

If **Yes**, when is your due date ? .....

(15) Have you been pregnant in the last 6 months ?       Yes     No

If **Yes**, how was your baby delivered ?       Normally       Caesarian section

(16) Are you a smoker ?       Yes     No



(17) Have you been referred to Pilates by a specialist practitioner ? Yes No

If **Yes**, by whom :

Physiotherapist  Chiropractor  Osteopath  GP  Other .....

Do you hereby give permission for your Pilates Teacher to contact your practitioner ? Yes No

If **Yes**, please state their name and contact number :

Practitioners Name : ..... Phone : .....

If you have answered **Yes** to any of the questions 3-15, please give relevant details :

**Aims**

**What are your reasons for taking up Pilates ?**.....

If your teacher was recommended to you by a friend or practitioner please give their name

**Name of friend / practitioner:** .....

**Important Information**

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

It is inadvisable to continue practising Pilates between weeks 5 to 8 of pregnancy, or between weeks 1 to 12 if you have not done Pilates before. It is also wise to wait at least 6 weeks after the birth before resuming exercise, or at least 3 months after a Caesarean birth.

Pilates exercises are very safe, but, as with all forms of physical exercise, it is prudent to consult your medical practitioner before starting Pilates class.

These classes and studio sessions are not a substitute for medical counselling or treatment. If you have any doubts about the suitability of the exercise, you should refer back to your medical practitioner.

The teacher can accept no liability for personal injury related to participation in a class or studio session if :

- your medical practitioner has, on health grounds, advised you against such exercises
- you fail to observe instructions on safety or technique
- such injury is caused by the negligence of another participant in the class

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 the teacher if you felt any discomfort after the previous session.

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

**Signed :** ..... **Date :** .....

Please return this form to : [info@tawvalleypilates.co.uk](mailto:info@tawvalleypilates.co.uk)