

CONFIDENTIAL PILATES CLIENT FORM

It is important that you keep me continually updated regarding medical conditions or changes in your general health, which may impair your ability to safely do the exercises during class.

Client Details

Name:	Age:	(Former) Occupation:
Address:		
Tel No Home:	Mobile:	
Email:		
Osteopath/Physiotherapist/Chiropractor Name:		
Receiving current/recent treatment?		

Medical History

ARE YOU:	(Y)ES	(N)O	DETAILS
1. Taking any medication : steroids, anticonvulsants, blood pressure, pain killers etc.			
2. Pregnant or had baby in last 12 months?			
3. Computer or Laptop user (please highlight)			High use Moderate Use Low Use
DO YOU HAVE:	(Y)ES	(N)O	DETAILS
1. Any heart trouble: arrhythmia, angina etc?			
2. High or low blood pressure?			
3. Asthma, or other chest conditions?			
4. Epilepsy, fits, blackouts?			
5. Diabetes?			
6. Anaemia?			
7. Osteo or rheumatoid arthritis?			
8. Osteoporosis or Osteopenia ? Date of last scan and T Score must be provided			
9. Back pain/ specific back problems?			
Any pain in any other joints: knees, hips, shoulders, wrists, ankles, feet, hands?			
10. Any other medical ailments/conditions that I should be made aware of?			
HAVE YOU HAD:	(Y)ES	(N)O	DETAILS
1. Major accidents or breaks/sprains to joints?			
2. Significant operations or injuries?			

Aims & Goals

	(Y)ES	(N)O	DETAILS: WHAT, HOW OFTEN AND WHERE
1. What other exercise do you do currently?			
3. What specific goals would you like to accomplish in class?			

I willingly participate in the practical exercises at my own risk and take full responsibility for any injury, loss or damage to my person or property that may directly or indirectly arise from my participation.

Signed..... Date.....