



Pilates Health Questionnaire & Assessment Form

GENERAL CLIENT DETAILS

Client Name:	Date of Birth: Gender:
Address:	Home Tel:
	Work Tel:
	Mobile Tel:
E-Mail:	
Please state how you heard of us:	

PILATES AIMS

Have you done Pilates before?	Yes / No
Why have you decided to commence Pilates?	
What aspect of your health would you like to concentrate on?	
Core Stability	Flexibility
Strength	Stress Management
	Posture
	Relaxation
What are the 3 main aims that you are hoping to achieve with your Pilates programme?	
1.	
2.	
3.	



LIFESTYLE

What is your occupation?
Does your occupation involve any repetitive movements, or prolonged postures? If YES , please explain briefly.
What other sports and hobbies are you involved with?

ARE YOU CURRENTLY EXPERIENCING ANY OF THE FOLLOWING CONDITIONS?

Low back pain	Yes	No	Please give as much detail as possible on any conditions you have marked yes....
Pelvic pain	Yes	No	
Any other spinal condition	Yes	No	
Any other joint conditions	Yes	No	
Heart problems	Yes	No	
High or low blood pressure	Yes	No	
Epilepsy (Grand Mal Seizures)	Yes	No	
Asthma/lung conditions	Yes	No	
Diabetes	Yes	No	
Stroke	Yes	No	
Latex allergy	Yes	No	
Any recent surgery or other medical conditions not mentioned above? Please give detail			



ANTENATAL (Only complete if pregnant)

Diabetes	Yes No	If YES , please give further details:
Abnormal Vaginal bleeding	Yes No	
Pre-eclampsia	Yes No	
Incompetent cervix	Yes No	
History of spontaneous miscarriage	Yes No	
Anaemia	Yes No	
Abnormal Placenta function or position	Yes No	
Epilepsy (Grand Mal Seizures)	Yes No	
Any other medical conditions that you have been diagnosed with or have had treatment for:		

PREGNANCY (Please complete if pregnant or up to 1 year postnatal)

How many weeks pregnant are you?	
What is your due date?	
How many children have you given birth to?	
Have you had twins/triplets etc. If so, please give details.	Yes No
Have you had any complications in any of your pregnancies? If so, please explain	Yes No
Have you ever suffered from pelvic girdle pain? (formerly known as SPD or syphysis pubis dysfunction) If so, when and for how long?	Yes No
Have you ever had an episode of low back pain during pregnancy? If so, when and for how long	Yes No
Have you had episodes of back pain outside of pregnancy? If so, how many?	Yes No

POSTNATAL (Please complete if up to 1 year postnatal)

When did you last give birth?							
What type of delivery was it?	Normal Ventouse Forceps Caesarean						
Have you ever had a caesarean prior to this birth? If so how many and when	Yes No						
Tick if you are you suffering with any of the following?	<table border="0"> <tr> <td>Pelvic girdle pain</td> <td>Osteitis pubis</td> </tr> <tr> <td>Diastasis pubis</td> <td>Urinary incontinence</td> </tr> <tr> <td>Faecal incontinence</td> <td>Postnatal depression</td> </tr> </table>	Pelvic girdle pain	Osteitis pubis	Diastasis pubis	Urinary incontinence	Faecal incontinence	Postnatal depression
Pelvic girdle pain	Osteitis pubis						
Diastasis pubis	Urinary incontinence						
Faecal incontinence	Postnatal depression						



DATA PROTECTION NOTICE

We, Eternite Pilates, will use your personal details and information to provide you with use of our services and facilities, to administer and maintain our records, to process your payments, to verify your identity and to carry out market research. We may keep your information for a reasonable period for these purposes. We may share your information with our service providers in order to provide you with Eternite Pilates services, and with other third parties to comply with our legal or regulatory obligations, for the prevention of fraud or other crimes, and in the case of medical emergencies. If your personal details change, if you change your mind about how you wish to be contacted, or if you have any queries about how we use your information, please let us know by contacting hello@eternitepilates.com. You hereby consent to the use of your information, including sensitive personal data relating to your health and fitness, for the reasons and in the manner set out above.

STUDIO APPOINTMENT CANCELLATION POLICY

Appointments made are not transferable to another person. You can cancel all types of studio appointments up to 24 hours before the appointment and not be charged. After 24 hours, you will be charged for the session. Please use all your blocks of studio appointments (drop in same day, 5 classes within two months, ten classes within four months) of their purchase date, when any left over expire.

LIABILITY RELEASE

I declare that I have read the Medical Questionnaire thoroughly and understand its content. I have completed this questionnaire to the best of my knowledge and have not withheld any specific information requested by it. Any questions I have had regarding the contents and purpose of this medical questionnaire have been answered to my full satisfaction.

I understand that the Pilates programme will begin at a low level and will be advanced in stages depending on my fitness level. I understand and agree that the instructor or I can stop the exercise session at any time if I am or are seen to be experiencing any symptoms of fatigue or discomfort.

I understand and am aware that there exists the possibility of certain dangers when exercising. These can include abnormal blood pressure, fainting, and irregular, fast or slow heart rhythm and in **rare** instances a heart attack, stroke or death. I understand (a) whilst every care will be taken it is impossible to predict the body's exact response to exercise and (b) every effort will be made to minimise these risks by evaluation of preliminary information relating to the questionnaire and fitness by observation during exercise.

For one to one sessions, I understand that the Pilates program will be specifically designed as a personal training plan and will take into account details about me given in my questionnaire and assessment. I understand that this programme of exercise should only be undertaken when I have been given specific instructions to exercise on my own.

For class sessions, I understand that the Pilates programme has been put together to cover a more general plan and not specifically designed as a personal training plan for me. Therefore I understand that the programme of exercises should only be undertaken in a Pilates class. Further I understand and agree that if I perform any of the exercises outside the class then I do so at my own risk.

I agree that Eternite Pilates shall not be liable for injuries I suffer in respect of:
Pilates exercises I perform outside a Pilates class or one to one session
Performing Pilates exercises if I am suffering from an injury or ailment of which I have not informed you.



I understand that my teacher is a qualified and insured Pilates matclass or studio teacher.

I understand that Eternite Pilates is in no way responsible for the safekeeping of my personal belongings while I attend class.

I will tell the teacher of anything painful / unusual I experience in the class and between classes.

I will stop doing the exercise if I or s/he thinks I need to, or follow the alternatives my teacher gives me.

I understand my teacher may offer me professional advice relating to my ability to exercise and she/he may consider it unprofessional to continue to teach me if I do not wish to follow that advice.

I will keep my teacher updated on any changes in my medical condition.

If you are struggling with anything in your class, have any problems or concerns, do please let us know as soon as you can, and we will do our best to help.

We reserve the right to change the advertised teacher if the teacher is unavailable due to illness or unforeseen circumstances. No money will be refunded if the class teacher changes.

If there are not enough people booked into the class to run it for the term, we reserve the right to cancel the class. A full refund will be given to you.

-If you arrive late for a private session or groups sessions will not be extended and will end at the scheduled time.

-All information you provide is held in strict confidence and information is never passed to third parties.

Mobile phones :

-Should be switched off or on silent during a class except in exceptional circumstances.

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SAFETY AND HYGIENE

- In the interests of safety and hygiene, no crockery, glass or food are permitted in the changing rooms or studio. Only water, either in a plastic bottle is permitted in the studio.

- Clothing should be close fitting and unrestricting rather than baggy so that the instructor can see how you are moving & help you more easily. Bare feet or socks are fine for group classes. Socks should be worn in the equipment studio for hygiene purposes.

- Bring a small hand towel & your own water to class.

- Please remove dangly or sharp jewellery that may injure you or damage the equipment. Please also note that clothing with zips at the back have been known to cause damage to equipment and may also 'dig in' to your back so are not suitable for Pilates and should be avoided.

- Participation in both group and individual sessions is at the individual's own risk. Always listen to your body and exercise at a pace and level which is best for you. Stop if you feel discomfort and let your instructor know. It is your responsibility to ensure you are capable of carrying out the exercises provided.



ARRIVING ON TIME

Please ensure you arrive on time. We require that you arrive at least five minutes before the session start time. If you arrive late the session will not be extended and will end at the scheduled time. Subject to our discretion, if you are frequently late we may treat a booking as a late cancellation and you will not be credited or refunded the cost of the session.

PERSONAL BELONGINGS

Personal belongings are brought into the studio at your own risk and we do not accept liability for any loss or damage whatever to such items. For security reasons you are advised to take personal belongings and valuables into the session room itself. We are not responsible for the safekeeping of personal belongings while you attend a session.

USE OF FACILITIES

We may at any time without notice withdraw all or part of the studio's facilities for any period or periods and with notice, where practicable, in connection with any cleaning, repair, alteration or maintenance work or for reasons beyond the control of Eternite Pilates.

CHANGES TO TERMS AND CONDITIONS

Pilates by Eternite Pilates reserves the right to make changes to these terms and conditions without prior notice.

Thank you for agreeing to our terms and conditions

Signed:

Date: