

Premier Pilates Ltd
Enrolment details

All information treated in strict confidence.



*Member of:
 Register for Exercise Professionals (REPS)
 Body Control Pilates Assoc (BCPA)*

Name:			
Address:			
	Postcode:		
Phone (hm/mob)			
Email:			
Date of birth:			
Occupation:			
Sports/hobbies:			

Work: Does your work/sport/body use, involve any of the following (please mark with an X)?

Sitting for long periods	<input type="checkbox"/>	Driving	<input type="checkbox"/>
Bending	<input type="checkbox"/>	Standing	<input type="checkbox"/>
Lifting heavy weights	<input type="checkbox"/>	Repetitive actions	<input type="checkbox"/>
Working with a computer	<input type="checkbox"/>	Actions which cause strain	<input type="checkbox"/>

Health:

	Y	N
1. Do you have any sort of heart trouble or defect?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have arthritic joints or any bone or joint problem that may be made worse by exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you pregnant or have you had a baby in the last year ?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you had any operations or injuries in the last year?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there any other reason why you should restrict physical exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you had surgery with in the last two years ?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you taking any medication that could affect your ability to exercise	<input type="checkbox"/>	<input type="checkbox"/>
8. Is your blood pressure: high <input type="checkbox"/> low <input type="checkbox"/> or normal <input type="checkbox"/> ?		
9. Do you have:asthma <input type="checkbox"/> epilepsy <input type="checkbox"/> allergies <input type="checkbox"/> ?		

If you have answered 'Y' to any of the above and are prepared to elaborate please do so:

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10. Do you suffer from backache or restricted movement ? If so, which part and do you know why.

11. Do you suffer from neck/shoulder problems or restrictions? If so do you know why.

12. Are there any movements that cause you pain (e.g. raising your arms, bending forward /side, etc)?

13. Have you been diagnosed as having hyper mobility in any joints ? If so which ones.

14. If you have been referred by a GP, Osteopath, Physiotherapist or specialist therapist ? Please state their name and contact number.

15. Have you done any Pilates before ? If so whom with (or where) and for how long.

16. What would you like to achieve from your Pilates sessions.

17. What physical goals would you like to achieve in the next 6 months.

Please advise before commencing a session if for any reason your ability to exercise has changed.

It is inadvisable to do Pilates between weeks 8 to 14 of pregnancy, unless by special arrangement. It is also wise to wait 6 weeks after the birth before resuming exercise.

Pilates exercises are very safe but, as with all forms of physical exercise, it is prudent to consult your doctor before starting sessions. These sessions are not a substitute for medical counselling 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 or technique*
- an injury is caused by the negligence of another participant in the class*

Signed: _____ **Date:** _____

Cheques to “**Premier Pilates Ltd**”

Contact: **Nicki O’Clarey** — **01223 414590** — nicki@nocpilates.com

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