

WELCOME!

PERSONAL DETAILS:

NAME: _____ DATE: _____

ADDRESS: _____

DOB: _____ EMAIL: _____

PHONE: _____ HOW DID YOU HEAR ABOUT US: _____

EMERGENCY CONTACT NAME & NUMBER: _____

WOULD YOU LIKE TO KEEP UPDATED ON OUR EVENTS AND SPECIAL OFFERS?: Y N

PLEASE SELECT YOUR CURRENT EXPERIENCE WITH PILATES:

- I have a little experience with Pilates I'm experienced in all Pilates modalities
 I'm experienced with Pilates but not familiar with the reformer I have not tried Pilates before

WHAT ARE YOUR GOALS THAT WE CAN ASSIST YOU WITH?

- STRESS RELIEF/MANAGEMENT IMPROVE OVERALL FITNESS/STRENGTH REHABILITATION
 BUILD SELF-CONFIDENCE INCREASE TONE & FLEXIBILITY IMPROVE BALANCE
 QUIT SMOKING MAINTAIN HEALTH INCREASE ENDURANCE

WHAT OTHER WELLBEING ACTIVITIES DO YOU PARTAKE IN?

PLEASE SHARE WITH US ANY INJURIES (PAST OR PRESENT) THAT YOU MAY HAVE:

WHAT PHYSICAL RESULTS CAN PILATES & CO FOCUS ON WITH YOU?

- PRE/POST-NATAL HEALTH
- POSTURE AND ALIGNMENT IMPROVEMENT
- REDUCE BACK PAIN
- INCREASE MOBILISATION OF JOINTS
- IMPROVED MOBILITY
- DEVELOP BALANCE AND CO-ORDINATION
- PELVIC FLOOR DEVELOPMENT
- INJURY DEVELOPMENT
- INJURY MANAGEMENT

MEDICAL CONSIDERATIONS

It is our professional duty of care to ask all participants regardless of age, to complete the following:

Has anyone in your family under 60 suffered heart disease, stroke or sudden death?

YES NO (please circle)

If yes, please explain: _____

If you have circled yes, please take this form to your doctor and ask for a clearance to exercise, or sign below if you already have the above condition cleared with your doctor.

SIGNED: _____ **DATE:** _____

- | | | |
|--|-----|----|
| Are you on a prescribed medication? | YES | NO |
| Are you taking over the counter medication? | YES | NO |
| Do you smoke cigarettes? | YES | NO |
| Have you been hospitalized recently? | YES | NO |
| Are you pregnant or attempting to fall pregnant? | YES | NO |
| Are you fasting or dieting? | YES | NO |
| Do you have any known illnesses/diseases that we should be aware of? | YES | NO |

STATEMENT

I recognize that the instructor is not able to provide me with medical advice with regard to my fitness and that this information is used only as a guideline to the limitation of my ability to exercise. I have answered the questions to the best of my ability. Any omission or failure to disclose information in this document that may lead to an injury, ailment or complaint is solely my responsibility and not that of Pilates & Co. The information contained within this document will be treated as confidential and will not be released without my written consent.

SIGNED: _____ **DATE:** _____

I, JASMINE ROULSTONE (PHYSIOTHERAPIST) SIGNED: _____

CONFIRM THAT PILATES AND TRAINING METHODS CONDUCTED AT PILATES & CO IS APPROPRIATE FOR IMPROVING THE PHYSICAL RESULTS REQUIRED BY THIS PERSON, HOWEVER, I TAKE NO RESPONSIBILITY OR LIABILITY FOR ANY INJURIES, AILMENTS OR COMPLAINTS THAT MAY OCCUR EITHER DURING OR AFTER A PILATES SESSION. I AM SIGNING THIS IN MY CAPACITY AS A REPRESENTATIVE OF PILATES & CO AND DISCHARGE MYSELF OF ANY POTENTIAL CLAIM OF ANY SORT THAT MAY BE MADE IN THE FUTURE.