

Client Enrolment Form

All information will be treated in the strictest confidence

Personal Details

Client Name

Contact Number

Email

Background & Your Health – Please tick where appropriate.

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|---|---|--|--|
| 1. Does your work lifestyle/sport involve any of the following? | Sitting for long periods <input type="checkbox"/> | Driving <input type="checkbox"/> | Bending <input type="checkbox"/> |
| | Lifting Heavy Weights <input type="checkbox"/> | Any other repetitive action <input type="checkbox"/> | |
| 2. Do you feel pain in your chest when you undertake physical activity? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 3. Is this the first time you have practiced pilates? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 4. Have you been diagnosed as hypermobile (excessive joint mobility) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, please list. |
| 5. Have you been told that you have arthritic joints, osteoporosis, osteopenia or any bone or joint condition that could be made worse by exercising? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, please list. |
| 6. Are you or could you be pregnant now? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 7. Have you been pregnant in the last six months? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 8. If you have had a baby, how was it delivered? | Normal <input type="checkbox"/> | C Section <input type="checkbox"/> | Intervention (e.g. forceps) <input type="checkbox"/> |
| 9. Do you often suffer with headaches? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, please list. |

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| 10. Do you suffer with dizziness, or have you ever lost consciousness? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, please list. |
| 11. Do you have high blood pressure? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 12. Is your blood pressure | Normal <input type="checkbox"/> | Low <input type="checkbox"/> | |
| 13. Have you had major surgery in the last 10 years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, please list. |
| 14. Have you had minor surgery in the last two years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, please list. |
| 15. Are you currently on any medication that affects your ability to exercise? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, please list. |
| 16. Do you have pain or restricted movements in any of your joints (e.g. knee, hip, ankle, shoulder?) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, please list |
| 17. Has your doctor ever said that you have any sort of heart trouble or defect? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, please list. |
| 18. Do you suffer from asthma, diabetes or epilepsy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, please list. |
| 19. Do you suffer from back or neck pain? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, please list. |

Please list any health problems you suffer from that are not already mentioned above in questions 2-19 that may affect your ability to exercise. If you have answered **Yes** to any of the questions above in sections 2-19, we advise that you consult with your medical practitioner before you start pilates classes. Are there any factors that your teacher needs to be aware of that prevents you from regularly attending exercise classes.

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Terms of Service

One to One Sessions

Should you need to cancel your appointment for whatever reason please allow 24 hours' notice. Failure to do so 100% of the treatment fee will be levied.

Group Classes

Mat places are reserved for participants for 8 weeks of the course length. Should you miss a session a live catch-up class is offered on a Thursday evening 6.30-7.30pm. Run via zoom which is free to use and easy to download. Classes are booked and paid in advance.

All services are non-transferrable and non-refundable however sessions can be paused and revisited due to unexpected health challenges discussed with your health practitioner and trainer.

If you have any medical issues, it is important that you obtain clearance from a health professional before you attend classes. Please inform the instructor about anything that may affect your ability to exercise.

Client signature

Dated