



# Leeds Pilates Centre Enrollment Form

## Personal Details

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Home Tel: \_\_\_\_\_  
 Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
 Sex: Male / Female  
 Occupation: \_\_\_\_\_  
 Sports, Hobbies: \_\_\_\_\_

## Emergency Contact Details

Name: \_\_\_\_\_  
 Home Tel.: \_\_\_\_\_  
 Mobile: \_\_\_\_\_

**All information will be treated in the strictest confidence**

**1. Does your work/sport involve any of the following?**

(Please check applicable boxes)

- Sitting for long periods     Driving  
 Bending     Standing  
 Lift Heavy Weights     other repetitive action

**2. Will this be the first time that you have practiced Pilates?**

- Yes     No  
 If NO, have you previously attended

(Please check applicable boxes):

- Studio     Body Control Pilates matwork classes  
 Other Pilates matwork     At home (Book, DVD)

Number of classes attended

- 0 – 5     10 – 20  
 5 – 10     20 +

**3. Has your doctor ever said that you have any sort of heart trouble or defect?**

- Yes     No

**4. Do you feel pain in your chest when you undertake physical activity?**

- Yes     No

**5. Are you, or could you be pregnant now?**

- Yes     No

If YES, when is your due date?

\_\_\_\_\_

**6. Have you been pregnant in the last six months?**

- Yes     No

**6b. If YES, how was your baby been delivered?**

- Normally     Caesarian

**7. Do you often get headaches?**

- Yes     No

**8. Do you lose your balance because of dizziness or do you ever lose consciousness, feel faint or dizzy?**

- Yes     No

**9. Do you have high blood pressure?**

- Yes     No

**10. Is your blood pressure normal?**

- Yes     No

**11. Have you had major surgery in the last 10 years?**

- Yes     No

**12. Have you had minor surgery in the last 2 years?**

- Yes     No

**13. Do you suffer from asthma, diabetes or epilepsy?**

- Yes     No

**14. Have you ever been told that you have arthritic joints, osteoporosis, or any bone or joint problem that may be made worse by exercise?**

- Yes     No

**Turn over for side two**

15. Do you suffer from back or neck pain?

Yes  No

16. Do you have pain or restricted movement in any other joints (e.g. hip, knee, ankle, elbow, shoulder)?

Yes  No

17. Have you ever been diagnosed as hypermobile (excessive joint mobility)?

Yes  No

18. Are there any movements that cause you pain?

Yes  No

19. Are you taking any drugs or medication which may affect your ability to exercise?

Yes  No

20. Have you ever been referred to Pilates by a specialist practitioner?

Yes  No

If YES, by your:

GP  Osteopath  
 Physiotherapist  Other \_\_\_\_\_  
 Chiropractor

21. Do you hereby give permission for us to contact them?

Yes  No

If YES, please state their name and contact number:

**Practitioner's Name:** \_\_\_\_\_

**Practice Telephone:** \_\_\_\_\_

**Please list any health problems you suffer, not already mentioned, that may affect your ability to exercise. If you have answered YES to any of questions 3 – 20 above, we advise that you consult with your medical practitioner before you start Pilate classes. Please give below further relevant details, in confidence, to any questions checked YES.**

### Important Information

Please advise us before commencing any session if, for any reason, your health or your ability to exercise changes. It is inadvisable to do Pilates between weeks 8 to 14 of pregnancy, unless by special arrangement with your teacher. It is also wise to wait six 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 Pilates 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.
- such injury is caused by the negligence of another participant in the class/studio.
- 

Exercise should be performed at a pace which feels comfortable for you. PAIN is the body's warning system and should NOT BE IGNORED. Please inform your teacher immediately if you feel any discomfort during a session. Please also inform the teacher if you felt any discomfort after a previous session.

I understand that Pilates exercises involve hands-on correction and I hereby consent for my teachers to work in this way. I confirm that I have read and understood the above advice and that the information I have given is correct.

Signed,

Client \_\_\_\_\_ Date \_\_\_\_\_

Teacher \_\_\_\_\_ Date \_\_\_\_\_