**Balance Pilates**

Please complete all sections of the form

Are you currently experiencing any of the following conditions ? if yes, please give further details in the comments section.

**Yes No**

Low back pain

Pelvic Pain

Any other spinal

Heart Problems

High or low blood pressure

Epilepsy

Are you pregnant ?

If yes, how many weeks …………………

Have you had any recent injuries or surgeries?

Full Name: ………………………………………………………………………………………………. DOB: ……………………………………………

Email Address: …………………………………………………………………………………………………………………………………………………………

Telephone Number: Home ………………………………………………. Mobile ……………………………………………………………………..

GP Name & Address: ………………………………………………………………………………………………………………………………………………

Emergency Contact Name & Number: …………………………………………………………………………………………………………………….

1. Personal Details

What is your occupation ? ……………………………………………………………………………………………………………………………………..

Do you play or participate in other sports ? …………………………………………………………………………………………………………..

**Pilates Participation Informed Consent**

Classes are run by Jayne a chartered Physiotherapist and qualified Pilates instructor.

Pilates classes begin at a low level and will advance in stages depending on ability and fitness level. However, you must be able to get up and down from the floor independently. It is important to work to your own comfort level and ability within the class and immediately stop exercising if you feel pain, fatigue or light headed and inform Jayne.

I understand that I am responsible for informing Jayne of any health issues that I have prior to the class and that if there have been any changes in my health since completing the form, that I am responsible for informing Jayne.

Please note that payment is for the individual class or block and unfortunately no refund can be offered for missed sessions.

The information is protected by the data protection act 1984

Signed by client: …………………………………………………………………………………………………… Date: …………………………………

2. Lifestyle

COMMENTS: …………………………………………………………………………………………………………………………………………………………

Please give details of any surgeries / ………………………………………………………………………………………………………………………

Have you participated in Pilates before ? ……………………………………………………………………………………………………………..

What is your Pilates aim in participating in classes: (please circle those that apply to you)

Strength Toning Relaxation

Core stability Posture Stress Management

Flexibility