

Lesley Bradshaw Pilates

Client Enrolment Form

Name _____ Address _____

Telephone _____

Mobile _____

Email _____

Date of Birth _____

Occupation _____

Sports & Hobbies _____

All information will be treated in the strictest confidence. Please put any additional notes on the back of the form

Do you suffer from or have been diagnosed with any of the following?

Is your blood pressure

High

Normal

Low

Yes

No

Cardiac/Heart Problems Yes No

Diabetes Do you take medication? Yes No

Asthma or breathing problems Yes No

Epilepsy Yes No

If the answer to the above question is yes, have your seizures been stabilized by medication? Yes No

Osteoporosis/Osteopenia (Please Circle which one) Yes No

Have you ever been told that you have arthritic joints or joint problems that may be made worse by exercise? Yes No

Have you had any injuries or operations in the last year?

Are there any movements that cause you pain? (eg raising your arms, bending forward or to the side etc?)

Do you suffer from backache? If so, do you know why?

Has a specialist practitioner referred you?

Is there any other reason not yet mentioned that should stop you performing physical exercise?

What would you like to achieve from your Pilates session?

The instructor (Lesley Bradshaw) 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

Signed

Dated

www.lesleybradshawpilates.co.uk