**The Body Junction** Class attending ……………………**P I L A T E S**

Induction

|  |  |  |
| --- | --- | --- |
| Date | | Assessed by: |
| Occupation | | |
|  | | |
| Full Name | | |
|  | | |
| Address | | |
|  | | |
|  | | |
| Post Code | | |
|  | | |
| Telephone | | Mobile |
|  | |  |
| e-mail address | | |
|  | | |
| Date of Birth | | |
|  | | |
| Doctor | | |
|  | | |
| Have you done Pilates before? | If yes, who with and for how long: | |
|  |  | |
| Do you take yoga, aerobics or other classes? | | |
|  | | |
| Do you do other regular exercise? (Tennis, cycling, swimming, etc.) | | |
|  | | |
| Please circle – Do you have any medical condition we should know about? (Heart condition, Thyroid, Epilepsy, diabetes, cancer, osteoporosis, pregnant or recent birth, hernias, hearing or sight impairment, incontinence, rheumatoid Arthritis, false limbs, Breathing disorders other.) | | |
|  | | |
| Have you had children. If yes, how many?, ……… Did u have a difficult birth? ………………………………………………………………………………………………………..  Can you engage your pelvic floor muscles? | | |
| Any relevant details | | |
|  | | |
| Do you have an injury or current area of pain i.e. Back or Neck pain? (if yes, please specify where) | | |
|  | | |
| Have you had major surgery with the last year? If yes, when and what surgery was for? | | |
|  | | |
| Are you currently receiving treatment from a chiropractor, osteopath or physiotherapist? If yes, who? | | |
|  | | |
| Are you currently on any medication, or seeing a specialist for any reason? | | |
|  | | |
| Do you have high or low blood pressure? | | |
|  | | |
| Do you suffer with aches and pains in your bones or joints? | | |
|  | | |

**P.T.O.**

|  |
| --- |
| Are there any movements you know you can or should not do? (i.e. kneeling) |
| Are you able to lie on both sides? |
| Are you able to get up and down from the floor? |
| Can you lie on your back and your front? |
| How would you describe your health? |
| Do you do any of the following:  YES NO  Sit with your feet up?  Read in bed/watch TV in bed?  Have long soaks in the bath?  Sit on sofa with feet to one side?  Do you cross your legs?  Do you sit at an angle on certain chairs?  Do you have your TV/computer screen to one side?  Do you sleep on your tummy?  Do you use a laptop? |

Where did you hear about us? Word of mouth, Advertising, Newspaper, Recommendation

What do you hope to achieve from Pilates?

Client Release Statement

I willingly participate in the practical exercises at my own risk. Despite any possible restrictions , disabilities or any predisposition to sickness or injury that may be aggravated or adversely affected as a result of my participation, I take full responsibility for any injury, loss or damage to my person or property that may arise directly or indirectly from my participation in the exercises. I will not seek to penalize, prosecute or claim compensation from the company for any injury, loss or damage.

Signed ………………………………...........................…………… Dated …………………………..

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