

All Information will be treated in the strictest confidence

| | | |
|-------------------------|---------------|-----------------|
| Personal Details | | |
| Name | | |
| Address | | |
| Postcode | | |
| Telephone | Mobile | Landline |
| Email | | |
| Date of Birth | | |

| | |
|---|--|
| Background | |
| Occupation | |
| Sports / Past-times | |
| Does your work or daily activities involve any of the following ? [please circle if relevant] • Sitting for long periods • Standing • Bending • Driving • Lifting heavy weights | |
| Have you practised Pilates before ? [please circle if relevant] • Body Control Pilates classes • Other Pilates classes • DVDs / Books at home | |
| Number of classes attended ? [please circle if relevant] • Less than 10 • 10-20 • 20-30 • 30-40 • More than 40 | |
| Where did you hear about Body Eclipse Pilates / Melanie Brown ? [please circle] • Website • Magazine Ad • Poster • Personal recommendation | |

Further questions over page ➡ ➡ ➡

| | |
|--|-------------|
| Important Information | |
| <p>Pilates exercises are very safe, but, as with all forms of physical exercise, it is prudent to consult your medical practitioner before starting Pilates class.</p> <p>Please advise the teacher before commencing a class if, for any reason, your health or ability to exercise changes.</p> <p>Please inform your teacher immediately if you feel any discomfort during a session.</p> <p>Please also inform the teacher if you felt any discomfort after the previous session.</p> <p>Exercises should be performed at a pace which feels comfortable for you;</p> <p>PAIN is the body's warning system and SHOULD NOT BE IGNORED.</p> <p>These classes are not a substitute for medical counselling or treatment.</p> <p>If you have any doubts about the suitability of the exercise, you should refer back to your medical practitioner.</p> <p>The teacher can accept no liability for personal injury related to participation in a class if :</p> <ul style="list-style-type: none"> • your medical practitioner has, on health grounds, advised you against such exercises • your fail to observe instructions on safety or technique • such injury if caused by the negligence of another participant in the class | |
| <p>I confirm I have read and understood the above and the information I have given is correct.</p> <p>I confirm agreement for my teacher to contact me with information on classes and other Pilates related activities, and understand that I have the right to withdraw this 'consent to be contacted' at any time.</p> | |
| Signature | Date |

| | |
|------------------------------|---|
| Please return form to | Body Eclipse Pilates • 17 Clarks Hill Rise • Hampton • EVESHAM • WR11 2FW |
|------------------------------|---|

Health

Have you been diagnosed with ? [circle & give details, if relevant]

- Osteoarthritis • Rheumatoid Arthritis • Joint problems

Have you been diagnosed with ? [circle & give details, if relevant]

- Osteopenia • Osteoporosis

Do you suffer from ? [circle & give details, if relevant]

- Back pain • Neck pain

Do you have restricted movement in any joints ? [circle & give details, if relevant]

Yes • No

Are there any movements that cause you pain ? [circle & give details, if relevant]

Yes • No

Have you had any ? [circle & give details, if relevant]

- Surgery • Major injuries

Have your been diagnosed with ? [circle & give details & medications, if relevant]

- Heart condition • Heart defect

Is your blood pressure [circle & list medications, if relevant]

- Normal • High • Low

Do you suffer from ? [circle & list medications, if relevant]

- Asthma • Diabetes • Epilepsy

Do you regularly suffer from ? [circle & give details, if relevant]

- Migraines • Feeling Faint • Dizziness

Are you taking medication which effect your ability to exercise ? [circle & give details, if relevant]

Yes • No

Are you, or could you be pregnant ? [circle & give details, if relevant]

Yes • No

Have you been pregnant in the last 6 months ? [circle & give details, if relevant]

Yes • No

It is **inadvisable** to continue to practise Pilates **between weeks 8-16 of pregnancy**, or **between weeks 1-16** if you have not done Pilates before. It is advisable to wait **at least 6 weeks after the birth** before resuming exercise, or **at least 3 months after a Caesarian birth**.

Have you been referred to Pilates by a medical practitioner ? [circle, if relevant]

- GP • Physiotherapist • Chiropractor • Osteopath

Do you hereby give permission for your Pilates Teacher to contact this practitioner ? Yes • No

Practitioners Name

Phone