

# **Body Control Pilates Enrollment Form**

**Please print the sheets below, fill in all the sections as fully as you can. Please be honest as the answers you give will inform me of the best approach to teach you. If you have any questions about the form please feel free to call me and I will be happy to advise you. When you have filled in the form, return it to me at the address below.**

**Kate Hodder  
45c Lowman Road  
London  
N7 6DB**

**07792 599021**



<b>Personal Details</b>		Date of Birth: _____
Name: _____	Sex: Male / Female	
Address: _____	Occupation: _____	
_____	Sports, Hobbies: _____	
_____ Postcode: _____	<b>Emergency Contact Details</b>	
Home Tel.: _____	Name: _____	
Mobile: _____	Home Tel.: _____	
Email: _____	Mobile: _____	

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

**PART 1: Your Background and Your Health**

**1.** Does your work/sport involve any of the following? (please tick)

- |                                                   |                                                      |
|---------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Sitting for long periods | <input type="checkbox"/> Driving                     |
| <input type="checkbox"/> Bending                  | <input type="checkbox"/> Standing                    |
| <input type="checkbox"/> Lifting heavy weights    | <input type="checkbox"/> Any other repetitive action |

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

- Yes                       No

If NO, have you previously attended (please tick):

- |                                                |                                                               |
|------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Studio                | <input type="checkbox"/> Body Control Pilates matwork classes |
| <input type="checkbox"/> Other Pilates matwork | <input type="checkbox"/> At home (book, DVD)                  |

Number of classes attended:

- |                               |                                |
|-------------------------------|--------------------------------|
| <input type="checkbox"/> 0-5  | <input type="checkbox"/> 10-20 |
| <input type="checkbox"/> 5-10 | <input type="checkbox"/> 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

If YES, how was your baby 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

*Please turn over*

# BODY CONTROL PILATES®

## CLIENT ENROLMENT FORM



### PART 1: Your Background and Your Health (continued)

**10.** Is your blood pressure:

- Normal?       Low?

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

- Yes       No

**12.** Have you had minor surgery in the last two 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

**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 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 been referred to Pilates by a specialist practitioner?

- Yes       No

If YES, by your:

- GP  
 Physiotherapist  
 Chiropractor  
 Osteopath  
 other \_\_\_\_\_

**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 Pilates classes. Please give below further relevant details, in confidence, to any questions ticked YES.*

# BODY CONTROL PILATES®

## CLIENT ENROLMENT FORM



### PART 2: Your Aims

What are your reasons for taking up Pilates?

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What health or physical goals would you like to achieve over the next three months?

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What longer-term health or physical goals would you like to achieve over the next 12 months?

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### PART 3: 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 Body Control 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 \_\_\_\_\_

**BODY CONTROL PILATES<sup>®</sup>**  
**CLIENT ENROLMENT FORM**



*For teacher use only*

