

1-1	Studio	Class	Email added

PURELY PILATES CLIENT QUESTIONNAIRE

NAME: TEL NO: D.O.B

ADDRESS:

EMAIL:.....

1. WERE YOU REFERRED TO PURELY PILATES, OR DID SOMEONE RECOMMEND YOU? IF YES, WHO?
2. DO YOU HAVE ANY INJURIES, ACHES OR PAINS? (RECENT OR OLD). PLEASE **FULLY** DESCRIBE THEM.
3. ARE THERE ANY OTHER HEALTH CONCERNS? E.G. ASTHMA, DIABETES, HIGH BLOOD PRESSURE, MEDICATIONS? OR ANY OTHER REASON WHY YOU SHOULD NOT DO PHYSICAL ACTIVITY?
4. ARE YOU PRESENTLY UNDERTAKING ANY OTHER KINDS OF THERAPY? E.G. MASSAGE, PHYSIO, CHIROPRACTOR?
5. ARE YOU OR WERE YOU ACTIVE IN ANY SPORTS, EXERCISE PROGRAMS, PHYSICAL ACTIVITY? PLEASE DESCRIBE.
6. HAVE YOU HAD ANY PAST TRAINING IN THE PILATES METHOD OF MOVEMENT? IF YES, WHERE?
7. WHAT IS YOUR OCCUPATION? WHAT DOES YOUR TYPICAL DAY INVOLVE PHYSICALLY? E.G. SITTING AT A COMPUTER, LIFTING ETC.
8. WHAT ARE YOUR GOALS? WHAT DO YOU WANT FROM THIS PROGRAM?

9. DO YOU SUFFER FROM ANY OF THE FOLLOWING:

- | | | | |
|--|-----|------------------------|-----|
| a) acute joint pain or injury | Y/N | g) dizzy spells | Y/N |
| b) burning or shooting pain/discomfort | Y/N | h) shortness of breath | Y/N |
| c) undiagnosed chronic pain/discomfort | Y/N | i) tightness in chest | Y/N |
| d) pregnant | Y/N | j) severe osteoporosis | Y/N |
| e) high blood pressure | Y/N | k) heart disease | Y/N |
| f) major surgery in last 12 months | Y/N | l) epilepsy | Y/N |

CONDITIONS

1. To the best of my knowledge I know of no reason why I should not participate in any of the classes at Purely Pilates. I hereby declare myself free of any condition, disease, impairment, infirmity or illness that may affect my participation. I agree to inform an instructor (where and when appropriate), provide written consent from my doctor should such a condition or complaint arise, before continuing with any activity.
 2. I agree to abide by all verbal and written notices regarding safety whilst at Purely Pilates.
 3. This questionnaire has been completed accurately to the best of my knowledge and belief.
 4. Purely Pilates accept no liability for my death, injury or illness resulting from my failure to disclose any relevant medical impairment or condition.
-
- I accept that the services offered to me are done so entirely at my own risk and my tutor and/or Purely Pilates will not be liable for any damage, loss or injury to person or property howsoever arising, including but not restricted to; arising out of a contract; the Supply of Goods and Services Act 1982 or from negligence.
 - Purely Pilates reserve the right to substitute an alternative teacher of a comparable level should the need arise.
 - Course fees are required to be paid in full at the start of the course, should you choose not to attend any or all of the classes this fee is non refundable.

I UNDERSTAND THAT LESS THAN 24 HOURS NOTICE TO CANCEL AN APPOINTMENT WILL RESULT IN THE FULL FEE BEING CHARGED.

Signature.....Date.....