Client Assessment Form

Private & Confidential

Contact Details

Title: _____
First Name: _____
Surname: _____
Gender: _____
Date of Birth: _____ Age: _____

Address: _____
_____
_____
Post Code: _____

Email: _____
Home Phone: _____
Mobile Phone: _____

Emergency Contact

Name: _____
Home Phone: _____
Mobile Phone: _____

Health Information

1) Are you currently, or have you previously been diagnosed with or affected by any of the following:

YES / NO	A cardiovascular problem, e.g. heart disease, high blood pressure
YES / NO	Osteoporosis (or have a family history of osteoporosis)
YES / NO	Arthritis
YES / NO	Epilepsy
YES / NO	Diabetes
YES / NO	Asthma
YES / NO	Allergies
YES / NO	Regular dizziness / feeling faint… Is it affected by exercise?
YES / NO	Are you pregnant?... No. of weeks: _____
YES / NO	Have you recently been pregnant?... How long ago? (weeks/months) _____
YES / NO	Have you had abdominal or joint related surgery?
YES / NO	Are you currently taking any drugs / medication?
YES / NO	Are you recuperating from a recent illness or operation?
YES / NO	Do you suffer from pain or limited movement in any joints?
YES / NO	Do you have any other disability or condition that may affect your ability to exercise safely?

If you answered 'YES' to any of the questions above, please use the space below to provide extra information, including medication and how it currently affects you when you exercise. Please use an additional piece of paper if you need to write more.

_____
_____
_____
_____

2) Are you currently under the care of a doctor or a manipulative / physical therapist (chiropractor, osteopath, physiotherapist, etc)

a. If so, have you told them you are attending Pilates classes? YES / NO
b. Would you be happy for us to contact them? YES / NO

Lifestyle Information

Occupation: _____

Hobbies: _____

_____

_____

Other sport / exercise activities, including frequency:

_____

_____

_____

Does your work / hobby involve any of the following? (Please tick all that apply):

☐ Sitting for long periods ☐ Driving ☐ Bending ☐ Standing ☐ Lifting heavy weights

☐ Any other repetitive action (please state): _____

General

Do you have prior Pilates experience? YES / NO

If Yes, how long for and where?

_____

_____

What are your AIMS and EXPECTATIONS after following a course in Pilates?

☐ Lose body fat ☐ Improve posture ☐ Relieve back pain ☐ Sleep better

☐ Improve muscle tone ☐ De-stress ☐ Increase endurance ☐ Eat better

Comments: _____

_____

Disclaimer

I have answered these questions to the best of my belief and know of no other reason why I should not undertake a course of exercise.

I will inform my teacher if my medical condition changes in the future.

I understand that all exercise carries a risk of injury. I accept responsibility for my own body and will stop exercising if I need to.

I also understand that my teacher may offer me professional advice relating to my ability to exercise and he / she may consider it unprofessional to continue to teach me if I do not wish to follow such advice.

Client's Signature of Consent: _____ **Date:** _____