

## Lesley Bradshaw PT & Pilates Client Enrolment Form

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

<b>Name:</b>			
<b>Address:</b>			
<b>Postcode:</b>			
<b>Telephone:</b>		<b>Mobile:</b>	
<b>Email:</b>			
<b>DOB:</b>		<b>Occupation:</b>	
<b>Sports/Hobbies</b>			

### Please answer the following:-

1.	Have you ever suffered from any heart problems?	Yes	No
2.	Have you ever been told that you have arthritic joints or joint problems that may be made worse by exercise?	Yes	No
3.	Are you pregnant, or have you had a baby in the last 6 months?	Yes	No
4.	Have you had any injuries or operations in the last year?	Yes	No
5.	Is there any other good reason not yet mentioned that should stop you performing physical exercise?	Yes	No
5.			
6.	Do you suffer from backache, if so, do you know why?	Yes	No
6.			
7.	Is your blood pressure	High	Low
			Normal
8.	Are there any movements that cause you pain? (e.g. raising your arms, bending forward or to the side etc.)	Yes	No
8.			
9.	Has a specialist practitioner referred you?	Yes	No
10.	What would you like to achieve from your Pilates sessions?		
10.			

Please advise before commencing if for any reason your ability to exercise has changed. It is inadvisable to do Pilates weeks 8-14 of pregnancy, or before the 6 week check. Please refer to your Doctor if you are concerned about your health or are unsure of the suitability of this type of exercise.

**The instructor (Lesley Bradshaw) 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.

<b>Signed:</b>		<b>Date:</b>	
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*NOTE: If you need to give any more information, please do so (in confidence) overleaf.*

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