



# Body Control Pilates Client Enrolment Form

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

Name:	_____
Address:	_____
	_____ Postcode: _____
Telephone:	_____
Email:	_____
Date of birth:	_____
Occupation:	_____
Sports/hobbies:	_____

1. Do your daily activities/sports involve any of the following (please tick)?  
 Sitting for long periods                       Driving                       Bending  
 Lifting heavy weights                       Repetitive actions    Standing  
 Working with a PC
2. Do you have any sort of heart trouble or defect?  
 Yes                       No
3. Do you have arthritic joints, osteoporosis or any bone or joint problem that may be made worse by exercise?  
 Yes                       No
4. Is your blood pressure?  
 Normal                       High                       Low
5. Do you suffer from back or neck pain?  
 Yes                       No
6. Do you have pain or restricted movement in any other joints (e.g. hip, knee, ankle, elbow, shoulder)?  
 Yes                       No

7. Have you been diagnosed as hypermobile (excessive joint mobility)?

- Yes  No

8. Are you taking any drugs or medication which may affect your ability to exercise?

- Yes  No

9. Have you ever been injured in a car accident e.g. whiplash?

- Yes  No

10. Have you had any surgery in the last 10 years?

- Yes  No

11. Are you pregnant?

- Yes  No If YES, when is your due date?
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12. Have you been pregnant in the last six months?

- Yes  No If YES, was your delivery  
 Normal  Caesarian

13. Have you been referred by a specialist practitioner (e.g. GP, physio, chiropractor, osteopath)?

- Yes  No

If YES, do you hereby give permission for us to contact them

- Yes  No

If YES, please state their name and contact number

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14. Will this be the first time that you have practiced Pilates?

- Yes  No

If NO, have you previously attended

- Body Control Pilates classes  Other Pilates classes  
 At home (book, DVD)  Private or studio sessions

15. What do you want to achieve from your Pilates sessions?

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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 2-13 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.

*Please advise before commencing a session if for any reason your ability to exercise has changed.*

*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 6 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 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 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 teacher 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** \_\_\_\_\_

*Please return completed form to*  
32 Stonehill Road  
Great Shelford  
Cambridge  
CB22 5JL



*Cheques payable to*  
"Barefoot Pilates"

info@barefootpilates.co.uk  
01223 700232