

Customer Assessment – Karen Powell Pilates

Name:

Date:

Address:

Age:

Telephone No.:

Email:

Do you have any injuries, aches or pains? (recent or old). Please describe them.

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Are there any health concerns - asthma, diabetes, epilepsy, high blood pressure, heart trouble or defect, medications, pregnant? Yes/No.

If yes, please give details.

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Have you ever been told that you may have arthritic joints, hyper mobile joints (excessive joint mobility), osteoporosis or osteopenia? Yes/No

If yes, please give details. Would you be able to provide a copy of a DEXA Scan/ T Score? (if you have one)

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Are you taking any drugs/ medication which might affect your ability to exercise? Yes/No. If yes, please give details.

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Do you have restricted movement in any other joints? (e.g. Kneeling, raising arm, bending forward or to the side etc)

If yes, please give details.

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Have you been given any remedial exercises?, if so can you briefly describe them.

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Have you been referred by a specialist practitioner? Yes/No
If yes, do you give me permission to contact them? Yes/No

If yes please give details Name:.....Contact No.....

Are you presently involved in any other therapies e.g. Physio, chiropractor, massage...? Yes/No

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What does your typical day involve physically e.g. Any sports? Sitting at a computer, bending, standing for long periods, driving, lifting heavy objects, any other repetitive action? Please give details.

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What would you most like to achieve from learning Pilates?

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Please read the following Terms and Conditions :

1. Class fees are payable by cash, cheque or through bank transfer on Week 4 of a 6 week block, to secure a place in the next block. Prompt payment is greatly appreciated.
2. Catch up mat classes from sessions missed are offered as a goodwill gesture and must be taken within the same 6 week block, within a class where there is a space available.
3. Please bring a small towel to the class, to place on top of your head cushion, for the purposes of hygiene.
4. Please endeavour to arrive 5 minutes before the start of the class, to avoid late arrival and disturbing the rest of the class.
5. Individual lessons - 24 hours notice is be appreciated on cancellation of an Individual lesson. It is appreciated that at times this is not possible, however if less than 24 hours notice is given without reasonable explanation there will be a cancellation charge of £20.
6. Please respect that Individual lessons take place in your Pilates Instructors Studio, which is located in a family home, with shared facilities.
7. Understand that Pilates and Somatic movement involve hands-on correction, I therefore give my Instructor consent to work by these means.
8. Please inform the instructor if you feel any discomfort during the session or after a previous sessions. PAIN should not be ignored, it is your body's warning system.
9. Please inform the instructor if your ability to exercise has changed.

10. *If you become pregnant, please notify the instructor, as you are more vulnerable to miscarriage during weeks 8 to 14 of pregnancy.*

11. *Certain movements are contraindicated if you have any form of osteoporosis, or bone deficiency. Please inform your instructor if you are aware of any deficiency.*

12. *Your Pilates instructor can accept no liability or personal 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 listen/ observe instructions on safety technique*
- such injury is caused through the negligence of another participant in the class.*

13. *You give consent for the instructor to hold your records and to stay in touch with you in relation to classes & other Pilates & Somatic based courses. You can contact me in writing at any time to opt out of further communications.*

Signature Client.....Date:.....

Signature Teacher.....Date:.....