



Company number 07842193

<b>For Office Use</b> DATE _____ MB: _____ SCANNED: _____ SHREDED: _____
--

**Welcome to The Pilates Pod.** Please fill out the health screening form below to the best of your knowledge. The information given will be kept confidential and stored on your client account which you have access to online. Please write small and neatly as this is important info.

**Your Details**

First Name(s) \_\_\_\_\_ Last Name \_\_\_\_\_

Gender you identify with: Male / Female/Trans/Nonbinary/other \_\_\_\_\_

Email Address \_\_\_\_\_ Date or Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Mobile Number \_\_\_\_\_ Alternative/Home Number \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ Number \_\_\_\_\_ Relationship \_\_\_\_\_

**About You & Your Life**

Occupation \_\_\_\_\_ Is your work: Very active & physical / Moderate activity / Desk bound& low activity

Highlight any activity you do regularly consistently: Walking / Running / Yoga / Weight Training /Dance / Swimming / Gym/ Aerobics / Cycling/ Climbing / Pilates / Boxing / Martial Arts / Other

What would you say your Pilates experience level is? Novice / Basic / Solid /Intermediate / Advance

What Pilates have you done? Matwork /Reformer / Full Studio apparatus work (everything from reformer, Wunda chair. High chair, barrels, Tower)

Have you practiced in a Classical Apparatus studio before? Yes/ No

How did you hear about us? Recommended by Medic- please state name and which practice \_\_\_\_\_

Recommended by a friend – please state their name so we can say thanks! \_\_\_\_\_

Given a flyer in town / Saw you at an event- please state which one \_\_\_\_\_

Search Engine / Walked Past / Saw a poster / Other- please state \_\_\_\_\_

**Medical History**

Please tick any condition you have or have had diagnosed.

Pilates is a system of exercises that is designed to move you continuously in a workout. Group classes require good health and physical activity levels. **You should work in 1:1's if you have any of the conditions below marked in RED until we can sign you off for classes.**

- |  |   |   |                                       |
|--|---|---|---------------------------------------|
| Asthma   | <b>Osteoporosis/Osteopaenia</b>         | <b>Pelvic Floor issues- weakness/prolapse</b> | <b>Hearing difficulties</b>           |
| <b>Back or neck pain / Spine issues / Slipped disk/ Spondylolisthesis/ spondylosis</b> | Diabetes                                | Eye Problems (glaucoma)                       | <b>Heart Condition/Chest problems</b> |
| Depression   | <b>Cancer- current / post treatment</b> | <b>Abdominal Separation</b>                   | High / Low blood pressure             |
| Anxiety  | Epilepsy                                | M. E.   | Hyper mobility                        |
| <b>Joint replacements or joint pain</b>  | <b>Pregnant</b>                         | M. S  | Weight issue- under or over           |
|  | <b>Postnatal under 6 months</b>         | Headaches / Migraines                         | Operations                            |
|  |   |   | Osteoporosis                          |

**Client Declaration**  
I have given answers to the best of my knowledge and I agree that the information on this form, provided by me or any additional information given may be used to ascertain whether physical exercise is right for me and if necessary seek further advice from a medical professional. I acknowledge that Pilates is a system of exercises and physical activity and not a method of rehab. I will be required to learn the exercises and take responsibility for my body and the apparatus. I understand any advice or suggestions given to me by the staff at The Pilates Pod (TPP) are neither diagnostic nor prescriptive. I agree to notify TPP if any of the information on this form changes. I will adhere to studio etiquette and I have read and agree to the Terms and Conditions and Privacy Policy which are set out on TPP website.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please check the box if you do not wish to receive any email marketing and promotions which give you free workouts, top tips, special offers and first hand news before everyone else!

**STAFF NOTES:** Note more details following brief chat and mark A (acute) within the last 6 weeks or mark C (chronic) PTO if needed