

CLIENT PROFILE AND MEDICAL HISTORY FORM

Name: _____

Cell Phone: _____ Home Phone: _____

EmailAddress: _____

Date of Birth: _____ Height: _____ Weight _____

How did you hear about North West Pilates?

Emergency Contact/Relation: _____

Do you have any injuries, aches, pains, or health concerns? Are they current or past?

Please circle any that may apply:

High Blood Pressure

Joint Problems

Chronic Fatigue

Heart Problems

Pregnancy

Night Pain

Muscle Cramps

Vertigo

Chronic Illness

Shortness of Breath

Fractures

Diabetes

Scoliosis

Osteoporosis Asthma

Seizures

Cancer – Please describe: _____

Back Pain – Please describe: _____

Recent Surgeries – Please describe (including dates):

Current Medications: _____

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Do you have any other health concerns you'd like to share?

Are you presently doing other kinds of therapy? E.g. massage, physical therapy, chiropractic...

Are you or have you been active in any sports, exercise programs, physical activity?

Please describe type and frequency.

What does your typical day involve physically? E.g. sitting at computer, lifting, standing for long periods, caring for children...

Do you have any past training in the Pilates method of movement? If yes, where, and what is your experience?

What are your goals? What do you want most from your Pilates experience?

Is there anything else you'd like your Pilates instructor to know?

How to Enroll?

Places are strictly limited and need to be pre-paid and pre-booked. Please tick the box below and post your enrollment form with cheque made payable to N Srivastava or bank transfer to 09 0131 13028180 or PayPal to nisha_nsrivastava@hotmail.com Postal address: 7 Marley Close, Rainhill, Prescot, Merseyside. L35 6PX

Day	Class	Time	Course start & length	Cost	Venue	Tick to Enroll
Monday	Clinical Pilates Mat	6-7pm	Monday 23rd February - 6 week	£42	St. Helens United Reform Church	
Monday	Core Pilates/Yoga Flow	7-8pm	Monday 23rd February- 6 week	£42	St. Helens United Reform Church	
Weekends	Nordic Walking	TBC	TBC	TBC	TBC	

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

I understand that I, _____, will be participating in a fitness program through North West Pilates that will require physical exertion. Before beginning this program, I was asked by my instructor whether I have any physical limitations, or whether I am taking any medications or receiving any medical treatment that might make it unsafe for me to participate in this fitness program. There is no such limitation, medication, or medical treatment other than those I have written on the attached sheet. I understand that, by signing this statement, I am agreeing to not hold North West Pilates or any of its employees, apprentices, instructors in training, owners, agents, or insurers responsible for any bodily injury or property damage that may suffer as a result of my participation in a fitness program through North West Pilates whether at North West Pilates at home, or elsewhere. As such, I understand and agree that North West Pilates, its employees, apprentices, instructors in training, owners, agents, or insurers shall not be liable for any bodily injury or property damage that may result either directly or indirectly from my participation in a fitness program through North West Pilates.

Participant's Signature: _____

Date: _____

CANCELLATION POLICY

As a courtesy to our staff and clients we have a 24-hour cancellation policy. Class sessions are non refundable and non transferable. It is each client's responsibility to notify North West Pilates at least 24 hours in advance, should you need to cancel or reschedule your one to one appointment to avoid cancellation fee. Failure to provide the required notice will result in a late cancellation fee equivalent to the cost of the session, which will be deducted from your series. Please understand that we must enforce this policy strictly. Scheduling an appointment is your acceptance of these policies. We thank you for your cooperation!

I understand the terms of this form. I agree to be financially responsible to pay for charges incurred from cancellations made less than 24 hours or no shows. I authorize North West Pilates to charge my account in the event of a cancellation or no show. I understand that if I arrive 15 minutes late, I may not receive treatment but will be charged.

Participant's Signature: _____

Date: _____

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