

THE PILATES ROOM

by morag gurnsey



Name: _____ DOB: _____
 Mobile: _____ Height: _____
 Email: _____ Facebook User: YES / NO

Are you currently or have you previously been diagnosed with any of the following:

| | | |
|--|---|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> C-Section |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Hypoglycaemia | <input type="checkbox"/> Knee/Hip Replacement |
| <input type="checkbox"/> Bowel/Bladder | <input type="checkbox"/> Hyperglycaemia | <input type="checkbox"/> Shoulder Impingement |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Numbness/Weakness | <input type="checkbox"/> Stenosis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Neck Injury | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Scars/Tattoos |
| <input type="checkbox"/> Fainting Disorder | <input type="checkbox"/> Osteopenia | <input type="checkbox"/> Sciatica |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Slipped Disk |
| <input type="checkbox"/> Herniated Disk | <input type="checkbox"/> Pregnant | <input type="checkbox"/> Thyroid Disorder |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Diastasis Recti | |

Payment and Conditions:

All classes are pre-booked and paid prior to the class time via PunchPass. You are able to reschedule up to 24 hours prior.

Cancellation Policy: classes are available to be changed up until 24 hours prior to the beginning of the class via PunchPass. Failure to change your class before this cut-off will result in a forfeited payment.

Injury Prevention Note: please be in tune with your own body. The Pilates Room aims to be tension and pain free. Muscles working is fine, discomfort and pain is not to be tolerated and must be communicated to your instructor.

Signed: _____ Date: _____

I understand the information provided and agree to the conditions:

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Our bodies have a history. Let's take a look at yours: All information is confidential

Do you have any injuries, aches, pains or areas of weakness or tightness? (Recent or old)

Are you presently involved in other kinds of therapy? eg. massage, physiotherapy, chiropractor

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

Have you had any past training in the Pilates method of movement? If yes, where?

What is your occupation? What does your typical day involve physically?

eg. sitting at a computer, lifting/carrying children etc.

What are your goals? Do you have a timeframe?

What do you want most from this program?
