

**Personal Details**

Name:	Email:	
Address:	DOB:	Age:
	Occupation:	Children:
Tel. No. (Day:)	(Night:)	

**Yes / No** Have you previously practiced Pilates? (If **Yes** then please indicate)

1. **Equipment** and / or **Matwork**      2. Number of previous sessions:      **0-10**    **10-20**    **20+**

If you are attending a class, which class are you attending?      **Beginner / Continuation**

**Dates:**      **Day:**      **Time:**

So that we can ensure the sessions are relevant and interesting for you we'd appreciate it if you could write a sentence or two about why you wish to do Pilates.

**Current Health Status**

**Yes / No** Do you have any injuries or musculoskeletal problems?  
If **Yes** please give us further information on the location of your injury and, if known, the diagnosis.

Do you suffer from any of the following?

- Yes / No** Diabetes
- Yes / No** High Blood Pressure
- Yes / No** Arthritis
- Yes / No** Heart problems
- Yes / No** Osteoporosis
- Yes / No** Asthma
- Yes / No** Epilepsy

Is there anything else in your medical history that we should be aware of?

**Your Pregnancy History**

Have you had a baby in the last year?      **Yes / No**  
Are you pregnant?      **Yes / No**