



Trick Nuts Pilates - Client Intake Form

All new clients at Trick Nuts Pilates are required to complete this short form. It can be completed now, online or printed and brought along to your first class.

NB: Please note that all the following information is required.

PERSONAL DETAILS TO COMPLETE:

Your Name:

Address:

Telephone:

Email:

Date of Birth:

Sports /Hobbies:

Occupation:

Emergency Contact Details.

Name:

Tel:

All the following information given will be treated with the strictest confidence.

1. Does your work or sport involve any of the following? (please tick)

- a) Sitting for long periods
- b) Driving
- c) Bending
- d) Lifting heavy weight
- e) Standing
- f) Any other repetitive action

2. Have you taken a Pilates class before?

3. Do you have any heart defects or conditions?

4. Do you suffer with chest pain?

5. Are you or could you be pregnant?

6. Have you had children? Please indicate any relevant details that may influence how you move (post-natal clients).

7. Do you suffer with headaches?

8. Do you ever lose your balance because of dizziness, suffer faintness or similar symptoms?

9. Do you have high blood pressure?

10. Is your blood pressure Normal or Low?

11. Have you ever had any surgery in the past 10 years?

12. Please indicate any minor surgery.

13. Do you suffer from asthma, diabetes or epilepsy?

14. Have you ever been told that you have arthritic joints, osteoporosis, or any bone or joint problem that may be made worse by exercise?

15. Do you suffer from any back or neck pain?

16. Do you have pain or restricted movement in any other joints (e.g. hip, knee, ankle, elbow, shoulder)?

17. Have you been diagnosed as hypermobile (excessive joint mobility)?

18. Are there any movements that cause you pain?

19. Are you currently taking any drugs or medication?

20. Have you been asked by a specialist practitioner to do Pilates?

21. Would you be happy for us to contact them?

22. Please indicate why you would like to practice Pilates and what you aim to achieve.

Thank you for your time.

Regards

Sarah Mead

Trick Nuts Pilates

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By submitting this information and/or attending our classes, you agree to both our terms and conditions and the privacy policy.