**Louise Gilbertson Pilates**

**Client Assessment Form**

(Information provided is held in strict confidence and never passed on to third parties).

**General Information**

First Name: Surname:

DOB: Age:

Address:

Tel: Emergency Contact:

Email:

Sex (please circle): Male Female

**Lifestyle and Fitness**

Occupation:

Current Fitness History:

Have you done Pilates before? Yes No

(please circle)

**Medical History**

Have you ever been advised by a doctor not to exercise?

(please circle) Yes No

Please circle if you have ever suffered or are currently experiencing any of the following? **If yes, please give details.**

Heart Disease Yes No

Stroke Yes No

High Blood Pressure Yes No

Fainting or Dizzy spells Yes No

Respiratory Disease Yes No

Spinal Disease Yes No

Spinal Surgery Yes No

Back Pain Yes No

Neck Pain Yes No

Joint Pain (shoulder, hip, ankle, knee etc.) Yes No

Hypermobility of any joints Yes No

Limited Movement in any of the joints Yes No

Osteoporosis or Osteopenia Yes No

Recent Surgery or previous surgery Yes No

Diabetes Yes No

Epilepsy Yes No

Other condition not listed Please specify

**Pregnancy**

Are you pregnant now or have you been pregnant in the last 6 months?

NA Yes No

**Disclaimer**

I confirm that there is no medical or physical reason which prevents me from participating in Pilates. If anything changes with regard to this, I will seek medical advice before continuing with Pilates.

I understand that participating in Pilates is at my own risk. I accept full responsibility for any injuries that may occur. I understand that I need to listen to my body and exercise at a pace and level which is best for me. I agree to stop exercising and inform my Instructor immediately if I have any pain, discomfort or dizziness during the class.

I agree to the Instructor performing hands-on correction.

I take full responsibility for my personal belongings on the premises.

I confirm that I have read and understand the above information.

**Name (please print):**

**Signature:**

**Date:**