

Eliot Street Pilates New Client Intake Form and Waiver Agreement

Name:		Birthday:	
Address:		Phone:	
		Cell Phone:	
Email:		Occupation:	

Person to contact in case of an emergency:

Name: _____ Telephone: _____

Relationship: _____

Health History: *Please check any of the following conditions that apply*

- Back Trouble
- Neck Trouble
- Shoulder Problems
- Hip Problems
- Knee Problems
- Other Joint Problems (wrists, ankles, elbows...)
- Arthritis
- Hypertension (high blood pressure)
- Hypotension (low blood pressure)
- Glaucoma
- Diabetes
- Asthma
- Epilepsy
- Osteoporosis or Osteopenia ?
- I have had a bone density scan in the last 2 years? Finding: _____
- High anxiety
- I am pregnant
- I am trying to get pregnant
- I smoke
- I struggle with depression
- I have had surgery in the last 2 years: _____
- I have other medical concerns: _____
- I am on medication: _____

If any of the above are checked – Please clarify:

1. Does your work/ sport involve any of the following?

Sitting for long periods Lifting heavy weights Driving Standing Other repetitive action

2. Will this be the first time you have taken Pilates?

Yes No

3. If No, I have taken Pilates previously at:

Home with a DVD Other studio - equipment
 Other studio – Mat Class Other _____

4. Have you been pregnant in the last 6 months?

Yes No

5. Have you had a child/children?

Yes No

6. If yes, did you have a caesarean?

Yes No

7. Do you experience dizziness or lose your balance when exercising, standing up suddenly, or changing positions?

Yes No

8. Are there any movements that cause you pain?

Yes No

9. Have you been referred to Pilates by a medical professional?

Yes No

10. If so – may we contact them?

Name: _____

Number: _____

11. What are your reasons for starting Pilates?

12. Goals to achieve in the next 6 weeks?

13. Goals to achieve in 12 months?

14. Time you are willing to invest in achieving your goals?

Specific Measurable Attainable Realistic Time-Framed

Eliot Street Pilates Client Agreement

I have been informed that I should consult a health care professional before starting this or any exercise program.

I agree to take full responsibility for not exceeding my limits in the Pilates session or class and for any injury or discomfort I might experience by participating in this class. I agree not to hold *This Pilates Studio* responsible for any injuries or damage, which occurs while participating in this exercise class or session.

All sessions and classes are 55 minutes long and begin promptly at their scheduled times.

I understand that 24 hours notice must be given to cancel a lesson without being charged and that all sales are final.

I understand the cancellation policies.

All the information I have provided about my health is correct and I will keep my instructor informed of any changes in my physical condition.

I understand that packages expire 3 months from the date of purchase.

Signature : _____

Date: _____