



Alun Lewis Pilates

Lesson Intake Form

Name.....

Date.....

Address.....

Tel.....

Email.....

Date of Birth.....

Sex: Male Female Other

Emergency Contact

Name.....

Address.....

Tel.....

Email.....

Lifestyle

Occupation.....

Describe the nature of your occupation with regard to your posture and activities eg prolonged sitting, bending over, repetitive motions etc.,

Hobbies.....

Describe the nature of these hobbies and the demands they put on your body with regard to postures, movements and repetitiveness and strain.

Have you been injured as a result of your work and hobbies and, if so, please give details?



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How frequently do you exercise?
.....

Pilates

Have you ever practised Pilates before? Yes/No

If yes, was it in a studio, class, small group, one on one, from a dvd/online?.....
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Who was the teacher?.....

How frequently did you practise?.....

Have you been referred by a health professional? Yes/No
If so, by whom and for what reason?
.....

What goals do you hope to achieve through Pilates practise?

Core Stability Strength Relaxation Flexibility Stress Management Postural Improvement

Other.....
.....

Health Questionnaire (Please continue on another sheet of paper if needed)

Do you have any injuries that are restricting your full range of motion? Yes/No
If yes, please describe.
.....
.....
.....

Have you been diagnosed with:

Osteoporosis Osteopenia Osteoarthritis Rheumatoid Arthritis Prolapse Disc Spondylosis

Spondylolisthesis Scheuermanns Disease Scoliosis Whiplash

Any other orthopaedic condition? Please give details.

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Have you been diagnosed as Hypermobility? Yes/No
If yes, please describe.

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Do you suffer with dizziness? Yes/No
If yes, please describe.

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Do you suffer with headaches? Yes/No
If yes, please describe.

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Do you experience any sensations of pain, numbness, pins and needles, burning, weakness? Yes/No
If yes, describe.

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.....

Have you been diagnosed with any neurological condition such as MS, Parkinson's Disease, Motor Neurone Disease, Stroke? Yes/No
If yes, please give details.

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Do you have a heart condition? Yes/No
If yes, describe.

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Do you have High Blood Pressure? Yes/No

Do you have Low Blood Pressure? Yes/No

Are you Diabetic? Yes/No

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If yes, which type.....

Are you Asthmatic? Yes/No If yes, are you taking medication for it?.....

Do you suffer with any other breathing difficulties such as Emphysema, COPD etc? Yes/ No
If yes, please explain.

Do you smoke? Yes/No

Are you Pregnant? Yes/No If yes, please state in which trimester.....

Have you given birth within the last year? Yes/No

Have you given birth via Caesarian Section or any other intervention such as forceps etc? Yes/No
If yes, please give details.

Have you been diagnosed with Diastasis Recti? Yes/No

Have you had major surgery in the last 10 years? Yes/ No
If yes, please describe.

Have you had minor surgery in the last 2 years? Yes/No
If yes, please describe.

Do you have any scars? Yes/No
If yes, please describe.

Do you suffer with any digestive disorders such as Irritable Bowel Syndrome, Hiatus Hernia etc? Yes/No
If yes, please describe.

Do you suffer with any urogenital problem? Yes/No
If yes, please describe.

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Do you have a Hernia? Yes/No
If yes, please describe.

Do you suffer with anxiety, depression or any other mental health issue? Yes/No
If yes, please describe if willing.

Do you have any other medical issue or any other reason you feel I should know about which could impact on your ability to practise Pilates? Yes/No
If yes, please describe.



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Informed Consent and Cancellation Agreement

I volunteer to undertake Pilates lessons with Alun Lewis and have obtained medical consent to do so. I understand that Pilates teachers do not medically diagnose and that Pilates is not a substitute for medical treatment.

I understand that Pilates is an exercise system and as such it comes with certain dangers to health such as high blood pressure, fainting, cardiac arrhythmias, heart attack, stroke etc.,

I also accept that although Pilates is regarded as a safe way of exercising and by the reduction of risk achieved via the assessment process, by the nature of it being a physical exercise there is always a risk of unexpected personal injury.

It has been made clear to me that my lessons will start at a low level of difficulty and will progress towards a higher level of difficulty depending on my level of ability and comfort level.

If I experience pain or discomfort with any exercise I will discontinue that exercise immediately then inform Alun Lewis that I am unable to continue with that exercise.

I reserve the right to discontinue the lesson but accept that I will forfeit the payment for that lesson.

I understand that sometimes Pilates teachers have to use respectful, informative touch to guide clients through their movements and I'm ok for Alun Lewis to do so.

I accept that there is a 24 hour cancellation policy and that in order to cancel a Monday lesson I would have to do so no later than 5pm on the preceding Saturday.

Covid 19

I trust that Alun Lewis has followed the required guidelines regarding Covid 19 in order to make his studio a Covid safe environment as best as he can.

I agree to wear a Type11R mask during the Pilates lessons.

I affirm that the information I have provided in this form is correct to the best of my knowledge and agree to keep Alun Lewis updated as to any changes in my medical and physical condition.

Signature.....

Date.....

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