

PENNY JONES PILATES
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NAME.....DATE OF BIRTH.....
ADDRESS.....

TEL
MOBILE.....
EMAIL.....
EMERGENCY CONTACT NAME & NUMBER.....

WHAT DO YOU HOPE TO GET OUT OF MY PILATES LESSONS?
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.....

DO YOU HAVE ANY SPECIFIC PROBLEMS YOU HOPE PILATES CAN HELP WITH?
.....
.....

DO YOU HAVE ANY CONDITIONS OR CONCERNS THAT MIGHT LIMIT YOUR ENJOYMENT OR PARTICIPATION IN PILATES?
.....
.....

WHAT EXERCISE DO YOU DO AT THE MOMENT? HOW OFTEN?
.....
.....

IF YOU ARE UNDER THE SUPERVISION OF A MEDICAL SPECIALIST - HAVE YOU BEEN TOLD IT'S OK TO EXERCISE? HAVE YOU BEEN TOLD TO AVOID ANY TYPES OF MOVEMENT?
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.....

FOR WOMEN ONLY

HAVE YOU EVER HAD ANY GYNAECOLOGICAL PROBLEMS OR SURGERY?.....

HAVE YOU HAD ANY CHILDREN?
WERE THERE ANY COMPLICATIONS?.....

HAVE YOU EVER HAD THE FOLLOWING?

HIGH BLOOD PRESSURE
PERISITENT CHRONIC ILLNESS
ASTHMA/LUNG DISORDER
HEADACHES
ARTHRITIS
EYE PROBLEMS
MULTIPLE SCLEROSIS

HEART PROBLEMS
DIABETES
BREATHING PROBLEMS
VARICOSE VEINES
OSTEOPOROSIS
ANAEMIA
M.E./FATIGUE

PLEASE GIVE MORE DETAILS, INCLUDING MEDICATION

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.....

HAVE YOU HAD INJURIES OR OTHER PROBLEMS IN YOUR....

SPINE	SHOULDERS	ARMS
HIPS	KNEES	ANKLES/FEET
JOINT OR SOFT TISSUE INJURIES		
OTHER.....		

.....
.....

PLEASE LIST ALL PAST SURGERY

.....
.....

TERMS & CONDITIONS

I ACCEPT PERSONAL RESPONSIBILITY FOR MY BODY AND AGREE TO INFORM MY TEACHER OF ANY PAIN, DISCOMFORT OR INJURY THAT MAY AFFECT MY ABILITY TO EXERCISE SAFELY.

ALL INFORMATION I HAVE GIVEN IS STRICTLY PRIVATE & CONFIDENTIAL AND IS FOR THE USE OF EMPLOYEES OF PENNY JONES PILATES LTD ONLY AND WILL NOT BE MADE AVAILABLE TO ANY THIRD PARTIES.

ALL CLASSES MUST BE PAID FOR IN ADVANCE.

MAT CLASSES CANCELLED WITH MORE THAN 24HOURS NOTICE CAN BE SWAPPED WITHIN THE TERM BUT NOT CARRIED FORWARD TO ANOTHER TERM.

APPARATUS SESSIONS CANCELLED WITH LESS THAN 24HOURS WILL STILL BE PAYABLE AT FULL PRICE.

PLEASE SIGN BELOW IF YOU CONSENT TO ALL THE ABOVE AND ARE HAPPY FOR US TO CONTACT YOU BY EMAIL AND/OR PHONE.

SIGNED.....

DATE.....