

CLIENT DETAILS



**Yvonne McGarrity
Pilates**

General Details

First Name..... Surname.....

Email Address..... Date of Birth.....

Address.....

.....

..... Postcode

Tel: Home..... Work..... Mobile.....

Aims & Goals

Have you done pilates before? Yes No

If yes, with whom and for how long?

.....

What aspect of your health would you like to concentrate on? (please tick)

Strength Flexibility Stress Reduction Posture Relaxation Weight Loss

Other (please state)

Please list three specific goals you would like to achieve and in what timescale

1.

2.

3.

Lifestyle

Occupation Hours worked per week.....

More than 25% of the time spent per day on the following actions (please tick)

Sitting at Desk Lifting/Carrying Loads Standing Walking Driving

Do you consider your work to be (please tick)

Stressful Active Sedentary

Do you smoke? Yes No If yes, how many a day?

If no, did you smoke in the past? Yes No If yes, how many a day?

Are you exercising at present? Yes No If yes, what are you doing?
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continued



Medical History

1. Do you have any heart problems? Yes No

If yes, please give details.....

2. Do you have high or low blood pressure..... Yes No

3. Do you ever faint or have spells of dizziness Yes No

4. Do you suffer with any aches or pains in your bones & joints..... Yes No

If yes, please give details.....

5. Do you suffer from any back pain Yes No

If yes, please give details.....

6. Are you taking any medication Yes No

If yes, please give details.....

7. Have you had any recent operations Yes No

If yes, please give details.....

8. Are you pregnant or recently had a baby Yes No

If yes, please give details.....

9. Tick any of the following which you have been diagnosed or treated for by a physician:

- Anaemia Asthma Back Pain Bronchitis Cancer Diabetes Epilepsy
 Depression Anxiety Arthritis Stroke Other (please state)

Payment

All fees are due before the first lesson of your series booking and can be made by:

- Cheque (made payable to Yvonne McGarrity) Mobile Phone Transfer.

Client Release Statement

I willingly participate in the practical exercises at my own risk. I have no physical restrictions, disabilities or predisposition to sickness or injury that may be aggravated or adversely affected as a result of my participation. I take full responsibility for any injury, loss or damage to my person or property that may arise directly or indirectly from my participation in the exercises. I will not seek to penalise, prosecute or claim compensation from Yvonne McGarrity for any injury loss or damage.

Signed..... Dated.....