



# SPF PILATES CLIENT ENROLMENT FORM

## YOUR DETAILS ALL INFORMATION WILL BE KEPT AND TREATED IN THE STRICTEST OF CONFIDENCE

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First Name

Last Name

Title

Emergency contact details /name,  
phone

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Street Address 1

Street Address 2

City, County

Zip Code

E-Mail Address

Phone Number

## SPF PILATES COURSE SELECTION

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**Please select all the workshops you would like to attend. Please tick the appropriate answer to all questions below. PLEASE NOTE Your CONSENT will be required. Please sign and tick box at bottom as appropriate. Carefully read IMPORTANT INFORMATION section.**

Workshop	SPF PILATES Introductory Mat
	SPF PILATES Essential Mat
	SPF Pre-Natal Pilates
	SPF Post-Natal Pilates

# REFERRAL INFORMATION

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Please share with us information on how you found us.

Referral	Friend or Colleague
	Google
	Facebook
	Bing
	Other (please specify)

# YOUR HEALTH AND YOUR BACKGROUND

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DOES YOUR WORK/SPORT INVOLVE ANY OF THE FOLLOWING?	Sitting for long periods
	Bending
	Lifting heavy weights
	Driving
	Standing
	Any other repetitive action

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WILL THIS BE THE FIRST TIME THAT YOU HAVE PRACTICED PILATES?	Yes
	No

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If NO, have you previously attended:	Studio
	Other Pilates @ the gym
	Other Pilates led by Physiotherapist
	At home (book, dvd)

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Number of classes attended previously:	0-5
	5-10
	10-20
	20+

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HAS YOUR DOCTOR EVER SAID THAT YOU HAVE ANY SORT OF HEART TROUBLE OR DEFECT?	YES
	NO

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DO YOU FEEL PAIN IN YOUR CHEST WHEN YOU UNDERTAKE PHYSICAL ACTIVITY? YES NO

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ARE YOU, OR COULD YOU BE PREGNANT NOW? YES NO

IF YES WHAT IS YOUR DUE DATE?

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HAVE YOU BEEN PREGNANT IN THE LAST SIX MONTHS? YES NO

IF YES, HOW MANY WEEKS AGO DID YOU GIVE BIRTH?

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IF YOU HAVE HAD A BABY, HOW WAS IT DELIVERED? Normally  
Caesarean  
Normally with intervention (eg.vacuum)  
Other complicated

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DO YOU OFTEN GET HEADACHES? YES NO

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DO YOU LOSE YOUR BALANCE BECAUSE OF DIZZINESS OR DO YOU EVER LOSE CONSCIOUSNESS,FEEL FAINT OR DIZZY? YES NO

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DO YOU HAVE HIGH BLOOD PRESSURE? YES NO

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IS YOUR BLOOD PRESSURE: NORMAL  
LOW

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HAVE YOU HAD SURGERY IN THE LAST TWO YEARS? YES NO

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DO YOU SUFFER FROM ASTHMA, DIABETES OR EPILEPSY? YES NO

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HAVE YOU EVER BEEN TOLD YOU HAVE  
ARTHROITIC JOINTS,  
OSTEOPOROSIS, OSTEOPENIA OR ANY  
BONE OR JOINT  
PROBLEM THAT MAY BE MADE WORSE BY  
EXERCISING?

YES  
NO

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DO YOU SUFFER FROM BACK OR NECK  
PAIN?

YES  
NO

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DO YOU HAVE PAIN OR RESTRICTED  
MOVEMENT IN ANY  
OTHER JOINTS (EG: HIP, KNEE, ANKLE,  
SHOULDER)?

YES  
NO

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HAVE YOU EVER BEEN DIAGNOSED AS  
HYPERMOBILE  
(EXCESSIVE JOINT MOBILITY)?

YES  
NO

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ARE YOU TAKING ANY DRUGS OR  
MEDICATION WHICH  
MAY AFFECT YOUR ABILITY TO EXERCISE?

YES  
NO

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HAVE YOU EVER BEEN RECOMMENDED TO  
TAKE UP  
PILATES BY A SPECIALIST PRACTITIONER?

YES  
NO

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If YES, by your:

GP  
PHYSIOTHERAPIST  
NURSE  
OTHER

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## IMPORTANT INFORMATION SECTION

Please list any health problems you suffer, not already mentioned, that may affect your ability to exercise. If you have answered YES to any of questions 3-21 above, we advise you consult with your medical practitioner before you start Pilates Classes. Please give further relevant details below, in confidence, to any questions you ticked YES.

## SPF PILATES CONSENT

I agree to keep my physician informed of the effects of this class on my body and to consult him/her whenever necessary. I further understand that there is no requirement to perform all the class exercises and that I can withdraw from this class at any time.

During class, I agree to limit my activity to that which is comfortable for me and to stop all activity immediately if I feel uncomfortable. Upon experiencing any discomfort at any time either during or after class, I will immediately contact my treating physician to inform him/her and seek medical advice.

I understand that all forms of exercise involve some risk of injury. I accept complete sole responsibility for my health and well being in this voluntary program.

In consideration of my participation in SPF all kinds Pilates classes at Superphysiofit for myself, my heirs and assigns, hereby release and discharge Superphysiofit from any and all liability now or in the future except insofar as permitted by law.

Please advise us before commencing any session if, for any reason, your health or your ability to exercise changes. It is inadvisable to do Pilates between weeks 8 to 14 of pregnancy, unless by special arrangement with your teacher. It is also wise to wait six weeks after the birth before resuming exercise.

Pilates exercises are very safe but, as with all forms of physical exercise, it is prudent to consult your doctor before starting Pilates sessions. These sessions are not a substitute for medical counselling or treatment. If you have any doubts about the suitability of the exercises, you should refer back to your medical practitioner.

The teacher also can accept no liability for personal injury related to participation in a session if:

- Your doctor has, on health grounds, advised you against such exercise
- You fail to observe instructions on safety or technique
- Such injury is caused by the negligence of another participant in the class/studio

Exercise should be performed at a pace which feels comfortable for you. Pain is the body's warning system and should not be ignored. Please inform your teacher immediately if you feel any discomfort during a session. Please also inform your teacher if you felt any discomfort after a previous session

**I understand that Body Control Pilates exercises involve hands-on correction and I hereby consent for my teachers to work in this way.**

**I confirm that I have read and understood the above advice and that the information I have given is correct.**

Consent given/ tick if yes

Client signature :

Date:

Teacher:

Date:

# PILATES CLASSES

## Chartered Physio Led Pilates

You can feel assured that the exercises will be performed safely, effectively and modified to the appropriate level for you under the expert guidance of an experienced Allied Health Professional/ Physiotherapist. Physiotherapist led Pilates is also a very safe and effective form of exercise during and after pregnancy.

/PRENATAL & POSTNATAL Pilates/. It is suitable for almost everyone, including those with postural, spinal, musculoskeletal or neurological conditions. Physio led Pilates is the most effective way to tone-up and a useful adjunct to any weight loss or fitness programs.

**Q: WHAT TO BRING & WEAR :** In the interests of hygiene and safety bring your own mat. Your health consent form to your first class ( this will be emailed to you). A towel to use as an extra head rest. Comfortable clothing: most people like to wear a t-shirt or vest and joggy bottoms or leggings. No need to bring trainers as Pilates is a socks/ bare foot class. You may wish to bring a bottle of water ,

**Q: WHAT TO EXPECT:** We provide individual assessments by physiotherapist before you start your course to ensure correct technique and highlight special areas that you need to focus on. You will learn about how to breath, engage your core, keep a neutral spine and move all at the same time. It can take a few sessions for it to click. Be patient with yourself.

All of the exercises are gentle and suitable for people who have back pain or joint problems. Our Modified Pilates Classes are taught by physiotherapist with appropriate Pilates qualifications.



“I am committed to *achieving optimal results* for my patients by providing the most up to date physiotherapy techniques.”

“Back to work – Back to Life performance.”

“Enhancing your Wellbeing.”

~Alexandra

## Pilates Class Timetable

### • MONDAYS

SPF PILATES Introductory Mat 19:30

SPF PILATES Essential Mat 20:30

### • FRIDAYS

SPF Pre-Natal Pilates 11:00

SPF Post-Natal Pilates 12:00

see Classes Descriptions\*

Please note card payments are not currently accepted for SPF Pilates. Apologies for any inconvenience this may cause. An advance payment is required prior to attending your first class and can be made by bank transfer.

If you are interested in signing up, please email me to confirm booking and payment accordingly. Once we have 3 people signed up, we can run the class!

Bank transfer:

SPF PilatesClasses a/n: 21579000 & sort code: 936383. **PLEASE USE YOUR FULL NAME AS A REF:**