



### New Client Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Post Code \_\_\_\_\_

Ph Number Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

DOB \_\_\_\_\_ Sex: M/F

How did you hear about us? \_\_\_\_\_

Have you done Pilates previously? If so, what kind of classes? \_\_\_\_\_

Are you currently exercising regularly? Yes/No

If yes, what are you doing?

If not, how long ago was the last time you exercised? (circle one)

6 months ago      1 year ago      more than 1 year ago      never exercised

Are you a smoker?      Yes/No

Are you currently taking any medication Yes/No

If yes, please specify medication and what it is for:

\_\_\_\_\_

Has anyone in your family aged under 60 suffered from heart disease, stroke, raised cholesterol or sudden death? (please specify)

\_\_\_\_\_

Please indicate if any of the following conditions apply to you:

Gout	Y/N	Stroke	Y/N
Diabetes	Y/N	Epilepsy	Y/N
Hernia	Y/N	Glandular Fever	Y/N
Rheumatic Fever	Y/N	Dizziness/Fainting	Y/N
Stomach Ulcer	Y/N	Anaemia	Y/N
Low/high blood pressure	Y/N	Eating disorders	Y/N
Pregnant	Y/N	Heart conditions	Y/N
Chronic Fatigue	Y/N	Cancer	Y/N
Chest pains	Y/N	Asthma	Y/N

If you answered yes to any of the above please list conditions and date the condition was cleared. If pregnant, please indicate how many weeks.

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Have you any pain or injury to these areas?

Back	Y/N	Neck	Y/N
Knees	Y/N	Ankles	Y/N
Shoulders	Y/N	Elbows	Y/N

Please explain your injury: \_\_\_\_\_

Are there any other conditions which may be a reason to modify your exercise program?

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## PLEASE READ THE FOLLOWING ADVICE CAREFULLY

Please ensure you have answered all questions to the best of your knowledge. The information you have given will assist us to provide a safe, appropriate and effective program to help meet your health and fitness goals. Should you suffer any illnesses or other conditions please be sure to advise us.

If you have stated that you have any of the conditions listed above, and have not been cleared by your doctor, we may ask you to do so before you commence your program.

### Statement

I understand that the instructor is not able to advise me on any medical matters in relation to my medical fitness, and that the information I have provided is used by the instructor as a guideline when devising my fitness program. I have answered all questions to the best of my ability and understand the statement above.

Signed \_\_\_\_\_ Date: \_\_\_\_\_