



date

### personal information

name		date of birth	
mobile	email		
emergency contact name			
emergency phone number			
relationship to client			

### medical questions

1. Have you suffered with pelvic girdle pain? (symphysis pubis dysfunction, sacroiliac joint pain)		Yes	No	
If <b>yes</b> , please give brief details of condition and treatment				
2. Do you lose your balance because of dizziness or feel faint or dizzy?		Yes	No	
3. Is your blood pressure?		Normal	Low	High
If it is <b>high</b> , is it being medically controlled?				
4. Have you been diagnosed as having hypermobile joints?		Yes	No	
5. Do you have any particular worries or concerns about exercise during pregnancy		Yes	No	
If <b>yes</b> , please give brief details of condition and treatment				

## medical questions cont.

6. Has your doctor or midwife given you any reason to not participate in exercise? Yes No

If **yes**, please give brief details of condition and treatment

7. Have you ever experienced any of the following, past or present?

Miscarriage

Pre Eclampsia

Seizures

Incompetent Cervix

Shortness of Breath

Pelvic/abdo Cramps

Multiple Gestation

Chest Pains

Diabetes

## important information

Please advise us before commencing any session if, for any reason, your health or ability to exercise changes.

If you are in doubt about the suitability of the exercises, please refer back to your medical practitioner.

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

- Your condition changes and you do not seek medical clearance from your doctor to participate in exercise
- You fail to observe instructions on safety and technique

The exercises, and the transitions between exercises, should be performed at a pace which feels comfortable for you. Please tell your teacher if you feel any discomfort, dizziness, nausea or pain during the session. Please also inform the teacher if you felt discomfort or pain after a previous session.

## consent

I acknowledge that it is my obligation and mine alone to take responsibility for my health and wellbeing during Reformer Pilates with The Pilates Studio. I give consent to certain corrections / touching / adjustments that may be necessary to ensure proper technique and body alignment.

You acknowledge that I have read the above waiver and fully understand its contents. I have filled out the form to the best of my ability. I agree that I have provided all necessary information about my health that may restrict my ability to perform a class. I agree that my body is my responsibility, and I will let my instructor know if I experience any pain or discomfort during the class. I acknowledge that if the instructor feels that I am unfit to participate in the workout, they will request I discontinue the class.

**Yes**, I consent to the above

## additional information

**email this completed form to [hello@pilatesstudio.co.nz](mailto:hello@pilatesstudio.co.nz) or bring to your first class.**