



Please fill out the below information prior to your first appointment.
I am looking forward to meeting you.

Personal Details:

Name:
 DOB:
 Telephone:
 Email:
 Address:

Mobile: 07595 946721
email: laura@tiptoppilates.co.uk
Address: TipTop Pilates Studio,
 Wattleton road,
 Beaconsfield,
 Buckinghamshire
 Hp9

Your Pilates:

Pilates experience:

Why have you decided to commence/continue Pilates:

What aspect of your health would you like to concentrate on?

Core Stability



Toning



Flexibility



Strength



Posture



Stress management



Relaxation



Health Checks

Are you currently experiencing any of the following conditions? (Please tick where appropriate)

Lower back pain



Pelvic Pain



High Blood Pressure



Low Blood Pressure



Allergies



Asthma



Arthritis



Back Problems



Breathing Difficulties



Eye Conditions Diabetic



Epilepsy



Heart Conditions



Joint Conditions



Balance



Depression



Neurological Conditions



Hernia



Stroke



Any other diagnosis:

Have you recently been pregnant?

Yes



No



Caesarean?

Yes



No



Prenatal: 1st Trimester



2nd Trimester



3rd Trimester



Postnatal How recent was your birth?

1-4 Weeks



5-8 Weeks



2-3 Months



4-6 Months



7-8 Months





Terms and Conditions

1. Courses must be booked and paid for in advance, before the start date of the next session. Your place cannot be guaranteed if payment is not received.
2. Any classes cannot be carried forward into the next course of lessons.
3. Classes are non-refundable.
4. Any classes cancelled by the instructor will be offered as a credit note which may be deducted from your next payment, used as payment for an extra class or it can be replaced for a full cash refund.
5. At times it may be necessary for another instructor to cover the class. You will be responsible for advising any covering instructor of any health issues etc.

Disclaimer

I have answered these questions to the best of my belief and know of no other reason why I should not undertake a course of exercise.

I will inform the teacher if my medical condition changes in the future.

I understand that all exercise carries a risk of injury.

I accept responsibility for my own body and will stop exercising if I need to. I will stop if I experience pain.

I agree to the above terms and conditions.

Signature:

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Print Name:

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Date:

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