



## Client Assessment Form

Please take the time to fill in this form so I can get to know you as an individual. The following information will help me to know and understand you better. Please note this information will remain confidential.

It is advised that you seek medical attention prior to the beginning of the practice of Pilates if you suffer from any health condition or have an injury. A referral from your medical or health care professional may be requested. Please bring any relevant x-rays to your assessment session.

### 1. Client information

Name:	Surname:
ID no:	Age:
Tel (H):	Tel (W):
Cell:	E-mail address:
Emergency contact person:	Emergency contact tel no:
Date:	Occupation:
Employer:	
How did you find out about Pilates for Life	

### 2. General

What are your main goals with Pilates? What do you want to achieve by doing Pilates? Please explain in some detail.			
Please describe your functional working position? (e.g. Sitting, Standing, Bending, Lifting)			
	<b>YES</b>	<b>NO</b>	<b>If YES please provide further details</b>
Have you suffered any past injuries or have you had any operations that I should know about? Please supply dates of operations and injuries.			
Do you have any current injuries, medical conditions or chronic pain that might influence your exercise programme or that you feel that I should know about?			

	YES	NO	If YES please provide further details, unless you have done that in section 2
Do you have any heart problems? (e.g. Cholesterol)			
Do you have lung conditions? (e.g. Asthma, Bronchitis, Emphysema, Sinusitis)			
Do you smoke? If yes, how many per day?			
Do you suffer from high / low blood pressure?			
Do you have any muscular problems? (e.g. cramps)			
Do you have any skeletal problems? (e.g. Scoliosis, Spinal/disk problems, Osteoarthritis, Osteoporosis, Fusions, Shoulder Impingements, Wrist problems)			
Do you suffer from any systemic diseases? (e.g. Diabetes, Thyroid problems, Rheumatoid Arthritis, Fibromyalgia)			
Do you have any colon problems?			
Are you on any medication or supplements?			
Have you had any other operations not mentioned in section 2			
Do you suffer from any bladder problems?			
Do you feel dizzy / lose your balance / ever lost consciousness?			
Have you ever experienced chest pains when exercising or NOT exercising?			
<b>Female Health Issues</b>	<b>YES</b>	<b>NO</b>	
Are you pregnant? Recent miscarriages?			
If pregnant, do you have approval from your gynecologist to start with Pilates classes?			
Have you had a hysterectomy? Date?			
Give details of past pregnancies and types of births.			

#### 4. Exercise History

Which physical activities or sport did you participate in at school / college / in the past? (Give an indication of level of participation)			
If you have been active for the past few months, please describe your exercise history for the past 3 months.			

**5. Acknowledgement of Risk and Waiver of Liability**

Please note: It is advised that you seek medical attention prior to the beginning of the practice of Pilates if you suffer from any health condition or have an injury.

By providing my personal and health information I acknowledge that:

- I have been informed in which instances I might need medical approval before joining the Pilates classes conducted by **Colette de Vries**.
- Before beginning this program, I was asked by **Colette de Vries** whether I have any physical limitations, or whether I am taking any medications or receiving any medical treatment that might make it unsafe for me to participate in Pilates classes. There is no such limitation, medication, or medical treatment other than those I have written on the information sheet.
- I am voluntarily choosing to participate in a physical exercise program in the form of Pilates classes.
- I agree that any information, instruction or advice obtained from **Colette de Vries** may NOT be used as a substitute for my doctor's advice or treatment.
- I agree that any information, instruction or advice obtained from **Colette de Vries** will be used at my own risk.
- I agree to release and discharge **Colette de Vries** from any and all responsibilities or liabilities from injury arising from my participation in any Pilates classes conducted by her.

**6. Financial Agreement**

- I agree to pay all fees for the Pilates classes that I book to participate in, **in advance for the month**. Classes per week (Tick appropriate block):

1 class per week

2 classes per week

3 classes per week

- I understand that if I cancel a class or do not show up for a class, that the class fees are non-refundable.
- I understand that should I be away or travelling, full payment is required if I would like to retain my space in a class.
- I am welcome to catch up the classes that I missed, if there are open spaces in other classes.

Signature of Pilates participant: ..... Date: .....

Signature of C de Vries .....

CONFIDENTIAL