

INFORMATION

Name: _____ First Name: _____
 Date of Birth ____ / ____ / ____ Gender: Female Male
 Address _____
 Postcode: _____ Home Tel No _____ Mobile Tel No _____
 Email _____ Profession _____
 Emergency Contact Name and No _____

How did you hear about us?

Local/walk past Internet Advert- Which advert? _____
 Friend/WOM-Name of friend: _____ Practitioner-Name of practitioner: _____

MEDICAL HISTORY

The following information is confidential and will help us offer the best and safest classes for you.

Do you have any of the following illness or conditions? No to all

Arthritis Asthma/breathing problems Cancer Diabetes Epilepsy Headaches
 Heart problems High Blood Pressure Kidney disease Liver disease Mental health problems
 Osteoporosis Have you ever had a stroke? Yes No Are you pregnant? Yes No

Please specify any other known health conditions or injuries, past or present, which may affect your participation: _____

Please describe if you suffer from or have any history of the following:

Back Problems: _____
 Neck Problems: _____
 Joint Problems: _____
 Injuries: _____
 Other physical/Medical problems: _____
 Have you had any major operations? _____
 Are there any movements that cause you pain or discomfort? _____
 Do you ever have pains in your heart and chest especially during exercise? Yes No
 Do you ever feel faint or dizzy, particularly during exercise? Yes No
 Do you experience fatigue when you are not doing anything strenuous? Yes No
 Have you had a recent medical examination? _____
 Were the results satisfactory? _____
 Does your doctor recommend physical exercise? _____

Ask a staff member to guide you to the most suitable classes. Ensure you work at a low level on your first visits and concentrate on learning proper technique. Be sure to limit yourself to a pace where you can still talk comfortably. Should you suffer any injury, illness, or condition in the future, please notify us by completing this questionnaire again. It is recommended that all males over 35 and females over 45 have a medical assessment including an exercise ECG and cholesterol/lipid count.

I recognise that the instructor offers only a guideline as to the limitations of my ability. I agree to enter and use all the facilities of Physio for All entirely at my own risk. I acknowledge that the activity I am about to undertake is at times dangerous and strenuous activity and that by participating in it I am exposed to certain risks.

I Accept That I Exercise at My Own Risk

Signed _____ Date _____

Office check (please initial and date):
 Instructor clearance required (instructor please initial and date):
 Medical clearance required (please attach):
 Instructor comments:

TERMS & CONDITIONS GENERAL TERMS

GENERAL TERMS: Known medical conditions/injuries

If the client has a known medical condition or injury, a referral from their specialist should be obtained and provided a few days prior to commencement of group classes or private sessions. The referral should include a medical clearance for the client to undertake such activities, and the client should bring along any MRI scans, x-rays or other diagnostic report relating to said condition/injury. This assists the Instructor to ensure appropriate exercise modifications and equipment can be organised prior to the class or private session.

The client must always advise the Instructor of any medical conditions or injuries/problems prior to the commencement of each group class or private session.

The client should always stop whatever exercise they are doing if they feel unwell, or are experiencing pain anywhere in the body, and advise the Instructor immediately of same.

GROUP PILATES CLASSES

Payment

Group Pilates classes are to be paid up-front by Term to secure your place.

Cancellation

You may cancel a full Term up to one week prior to the date of commencement of the Term with a full refund.

If for some reason, due to illness or injury, you wish to cancel your classes mid-Term, or at any time during the Term, it is at the Physio for All's discretion to return monies paid.

It must be understood that you pay to secure your place, and by doing so, limit the ability of Physio for All to take another paying client. If you cancel mid-term, it is most likely that Physio for All will not be able to fill your place and will be out of pocket.

Likewise, if you are unable to fulfil your commitment to classes for the remainder of the Term, those classes are not transferrable to another person (or "stand-in"). It will be at the discretion of the Physio for All/Instructor as to whether this option is available, and will depend upon such things as the experience of the stand-in and whether Physio for All/Instructor feels that this will affect the flow of the classes and other clients within the class.

1:1 PRIVATE / CLINICAL PILATES

Payment

The session must be paid in full on the day of the session, prior or just after the session. 1:1 Private / Clinical sessions may be purchased in blocks and paid up front if the client wishes to do this for ease of payment.

Cancellation

If the session is cancelled more than 24 hours prior to the session, no fees will be incurred. If cancellation occurs between within the 24 hours prior to the session, the client will incur the full fee for the session. Cancellation fees must be paid as soon as is practicable after the cancellation, and before the next due session.

I have read, understand, and agree to the above terms and conditions.

Dated:

Client Name: _____ Client Signature: _____