**Pilates Client Record Card**

|  |  |
| --- | --- |
| **Clients Name** |  |
| **Date** |  |
| **Address** |  |
| **Date of Birth** |  |
| **Telephone Home & Mobile** |  |
| **Emergency Contact & Number** |  |
| **Email Address** |  |
| **Occupation History** |  |
| **Gender** | **Male Female** |
| **Height cm or ft in** |  |
| **Weight Kilos or Stone lb** |  |
| **Left or Right Handed** |  |
| **Parents or Guardian Signature if client is under the age of 18** |  |

**Goals**

**What would you like to achieve from Pilates?**

|  |  |
| --- | --- |
| **Goal 1** |  |
| **Goal 2** |  |
| **Goal 3** |  |

**Physical Activity Readiness Questionnaire Details – Hand in PARQ**

**After filling out your PARQ and spoken to a doctor if needed (PARQ is designed to identify whether it is appropriate to undertake an exercise programme.) we will now discuss any medical details and information give to you by your medical practitioner.**

**Medical History**

**Has your doctor ever said you have a heart condition and that you should only do exercise recommended by a doctor?**

**No**

**Yes**

**Details**

**Do you ever feel pain in your chest when performing physical activity?**

**No**

**Yes**

**Details**

**Have you even had chest pain when not performing physical activity?**

**No**

**Yes**

**Details**

**Do you Ever feel faint or have dizzy spells?**

**No**

**Yes**

**Details**

**Do you have any joint or muscle pain which could be made worse with exercise?**

**No**

**Yes**

**Details**

**Have you been diagnosed with any spinal condition or had spinal surgery?**

**No**

**Yes**

**Details**

**Have you ever been told you have high or low blood pressure?**

**No**

**Yes**

**Details**

**Are you pregnant, have you had a baby in the last 6 months, do you have children, or have you suffered an ectopic pregnancy related condition?**

**No**

**Yes**

**Details**

**Is there any reason you can think of why you should not undertake an exercise programme?**

**No**

**Yes**

**Details**

**Are you currently taking any medication which your trainer should be made aware of?**

**No**

**Yes**

**Details**

**Do you have any other medical condition of which we should be aware? ( eg Asthma, Diabetes, Epilepsy, MS, Parkinson’s, Osteoarthritis, etc )**

**No**

**Yes**

**Details**

**The presenting complaint/s**

**What is the main problem?**

**When was it first noted?**

**Has it worsened, improved, or stayed the same?**

**What are the symptoms?**

**What aggravates or relieves it?**

**Have any other symptoms developed?**

**Have any tests been administered?**

**Have you had any advice from your medical practitioner on the presenting complaints or any others?**

**No**

**Yes**

**Details**

**Can you give me a brief history of any serious illness or injures?**

**Family History -**

**Social history -**

**Illness connections -**

**Observations -**

**Exercise History**

**Have you ever taken part in a physical activity programme?**

**No**

**Yes**

**Details (including type, when and if you enjoyed it).**

**Do you currently partake in a fitness programme?**

**No**

**Yes**

**Details: (If you currently have a fitness programme, what is it and how often do you perform them.)**

**No 1 time every 2 weeks 1 time a week 2 times a week More Often**

**Do you currently undertake in any form of physical activity?**

**No**

**Yes**

**Details (If you currently exercise, what type of activities/sport do you perform and how often do you perform them.)**

**No 1 time every 2 weeks 1 time a week 2 times a week More Often**

**How would you rate your physical activity at work ?**

**Very Active Active Moderately Active Inactive**

**How would you rate any activity you perform outside of work?**

**(This includes things like gardening, housework, walking ect )**

**Very Active Active Moderately Active Inactive**

**How physically fit do you feel at the moment?**

**Unfit Below Average Average Above Average Very Fit**

**Is there any exercise you have not enjoyed doing in the past?**

**No**

**Yes**

**Details**

**Are There any types of exercise you do not currently partake in but would like to?**

**No**

**Yes**

**Details**

**Lifestyle**

**Do you work long hours? YES NO**

**Do you regularly feel stressed? YES NO**

**Do you have adequate sleep? YES NO**

**Do you allocate time to relax? YES NO**

**Do you suffer from depression? YES NO**

**Do you drink alcohol? YES NO**

**If so, how many units do you consume in the average week? (1 unit = 1 small glass of wine a measure of spirit or half a pint of beer)**

**0-5 6-10 11-15 16- 20 more**

**Do you Smoke YES NO**

**Never Long time ago Last two years 5-10 a day 10-20 a day More than 25 a day**

**Do you have any hobbies or pastimes?**

**Polished Policy**

Before Your First Beauty appointment or Pilates Session, a consultation card must be filled in to ensure that all the treatments I provide are suitable for you.

Also, before attending any Pilates sessions you must bring the signed physical activity readiness questionnaire to your free consultation.

**Payments and Cancellations**

We accept card, cash or bank transfers before completion of treatment, we do not accept cheques and a deposit may be required for multiple treatments. Please give at least 24 hours’ notice if you wish to cancel an appointment, otherwise a cancellation fee of 50% of the cost of the treatment will be charged or you will lose one session from a pre-paid block.

If you are ill, please cancel your scheduled exercise session or beauty treatment and wait until you are better before returning to exercise or hands on treatments. Catch up classes and movements of appointments will be available provided you have given 24 hours’ notice.

**Health & Safety**

I certify that my therapist or instructor has run through all medical details and I have answered the above to the best of my knowledge. I understand that failure to disclose information requested above may result in adverse side effects that are unknown, and I accept full liability/responsibility. I am aware that it is my responsibility to inform the therapist or instructor of my current and ongoing medical or health conditions and it is essential to enable the therapist or instructor to execute appropriate treatment or session procedures. I acknowledge the possible side effects of any beauty or Pilates procedures and I accept that any treatment I have is taken at my own risk.

By signing below, you certify that the above medical history statements are true and correct. If any of the circumstances change please notify your therapist or instructor, who will be able to advise your accordingly.

**Data Protection**

**Why do I collect your data?**

Medical and fitness details are collected so Natasha can provide the best beauty treatments or Pilates sessions around your medical needs.

Contact information is collected to contact you regarding appointments or payments.

By signing below, you agree to receiving acknowledgments and reminders for treatment or session bookings via email and receipts for card payments over text or email, I can call or text to remind you of your treatment, but this must be requested. I will contact you if you are late or miss an appointment without prior notice.

Would like to hear about any special offers. Yes / No

How would you like to receive our offer? Email / SMS.

**How do we collect your data?**

Natasha will do a free consultation to discuss your medical details in private. You can also book appointments online where you will need to fill in your contact information.

Any personal information collected is stored on an appointment booking system, a business phone, laptop and hard drive which are password locked.

**Who may see your data?**

No data is shared unless I receive your consent to talk to another beauty or Pilates profession for advice, or in a safe guarding issue. If Polished Inside & Out gets any employees, they will also have access to your information.

**What rights do you have regarding your personal data?**

You can request to see what data we hold about you; this can take up to a week. If you no longer wish to have beauty treatments or Pilates sessions, you can request for your details to be deleted this can also take up to a week to complete. If you do not request it to be deleted, we will hold your details for up to 3 years from your last treatment. We together must make sure your data is up to date and accurate.

**Client Signature:**



**Date:**

Any Other information