

# New Client Registration



Name:
Phone:
Email:
Address:
Date of Birth:
Emergency Contact:

**Instructor Notes:**

## General Health/Lifestyle information:

What is your occupation?	
Other forms of exercise/ physical activity?	
Please indicate your personal goals:	1. 2. 3.
General Health:	Excellent                  Good                  Fair                  Poor
Are you on any medication:	
FEMALES: Are you pregnant?	Yes / No                  What is your due date?
Number of children:	Their ages?
How did you hear about us?	

## Past/Current Injury information:

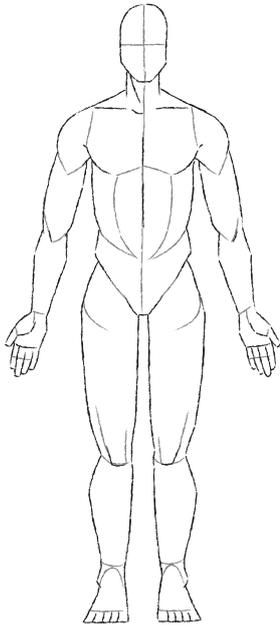
Are you currently receiving treatment from a healthcare professional? eg. Physiotherapy, Osteopathy, Massage etc	
Do you have clearance from your Doctor/Physician to participate in physical activity/exercise?	

(continued over the page)

**Referring to the drawings below, please indicate if you are experiencing pain in your body**

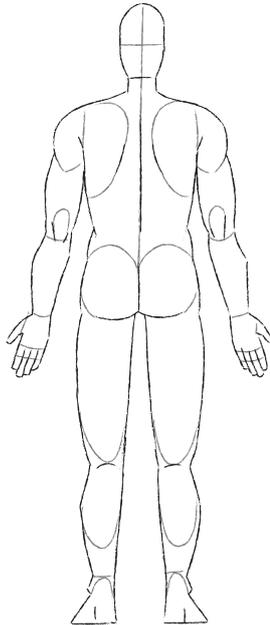
*Describe the area of discomfort (eg. back, shoulders, knee) and what you believe to be the cause of the pain (if known) eg. injury, posture, occupation etc*

**FRONT**



**RIGHT / LEFT**

**BACK**



**LEFT / RIGHT**

**Description/notes:**

**Do any of the following apply to you currently, or historically?**

- |                           |                         |                              |                           |
|---------------------------|-------------------------|------------------------------|---------------------------|
| Y / N Vertigo / Dizziness | Y / N Fracture/Break    | Y / N Pelvic Floor issues    | Y / N Asthma              |
| Y / N Osteopenia          | Y / N Hypermobility     | Y / N Bowel / Bladder issues | Y / N Fainting            |
| Y / N Osteoporosis        | Y / N Hypomobility      | Y / N Cancer                 | Y / N Reflux              |
| Y / N Osteoarthritis      | Y / N Disc Injury       | Y / N Heart Disease          | Y / N Migraines           |
| Y / N Arthritis           | Y / N Stenosis          | Y / N Heart Attack           | Y / N High Blood Pressure |
| Y / N Bursitis            | Y / N Spondylolisthesis | Y / N Thyroid Disorder       | Y / N Low Blood Pressure  |
| Y / N Tendonitis          | Y / N Numbness          |                              |                           |

**Is there anything else you'd like your teacher to know about you?**

**Liability Waiver:**

I, the undersigned, certify that I have completed the above information and know it to be truthful and accurate to the best of my knowledge. I accept full responsibility for my participation in all classes, sessions and appointments at Northlake Pilates Studio and shall not hold Deedy Studio Limited trading as Northlake Pilates Studio liable for any claim, injury or loss sustained therein. I understand that Northlake Pilates Studio and all teachers, instructors and representatives of the studio will take all the care but no responsibility for the occurrence/reoccurrence of my condition.

**Do you agree to our Cancellation Policy?:**

Y / N Private Appointments: **24 hours notice** is required to reschedule your appointment.

Y / N Classes: **12 hours notice** is required to reschedule group classes.

**Cancellations made within the these time windows are charged in full along with no show /missed bookings.**

**SIGNATURE:**

**DATE:**