

Client Profile and Medical History Form

Date: _____

Name _____

Preferred Phone Number _____

E-mail address _____

Date of Birth _____

Occupation _____

How did you hear about Shelagh Keegan Pilates? Who referred you?

Do you have any injuries, aches, pains, or health conditions? Are they current or past?

Please tick any that may apply:

- High Blood Pressure Heart Problems Muscle Cramps
- Shortness of Breath Diabetes Joint Problems Pregnancy
- Vertigo Fractures Chronic Illness Chronic Fatigue
- Menopause Seizures Asthma Osteoporosis Scoliosis
- Cancer: Describe

Back Pain: Describe

Past Surgeries: Describe, including dates

Current or Past Smoker. If so, number of packs per day: _____

Current Medications:

Do you have any other health concerns you'd like to share?

Are you presently doing other kinds of therapy? e.g. massage, physical therapy, chiropractic

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Are you or have you been active in any sports, exercise programs, physical activity?

No Yes (please describe type and frequency):

What does your typical day involve physically? e.g. sitting at computer, lifting, standing for long periods, caring for children:

Do you have any past training in the Pilates method of movement? No Yes

If Yes, where and what is your experience?

What are your goals? What do you want most from your Pilates experience?

Is there anything else you'd like your Pilates instructor to know?

Acknowledgement of Risk and Waiver of Liability

I understand that I, _____, will be participating in a fitness programme through Shelagh Keegan Pilates that will require physical exertion. Before beginning this programme, I was asked by my instructor 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 this fitness program. There is no such limitation, medication, or medical treatment other than those I have written on this form.

I understand that, by signing this statement, I am agreeing to not hold Shelagh Pilates or any of its employees, owners, agents, or insurers responsible for any bodily injury or property damage that may suffer as a result of my participation in a fitness programme through Shelagh Keegan Pilates whether at Shelagh Keegan Pilates, at home, or elsewhere. As such, I understand and agree that Shelagh Keegan Pilates, its employees, owners, agents, or insurers shall not be liable for any bodily injury or property damage that may result either directly or indirectly from my participation in a fitness programme through Shelagh Keegan Pilates.

GDPR: Shelgh Keegan Pilates is committed to protecting your personal data on this form. It is retained for the sole and specific purpose of reminding your pilates teacher of any health issues you may have that would or could affect your exercise experience.

You have the right to remove your PAR Q form at any time and know it will be deleted if you should leave.

Your personal information is stored securely and privately, either online or in paper locked in a private situation and we consider the information to be adequate, relevant and limited to what is necessary.

Participant's Signature

Date