

POLESTAR PILATES CLIENT - PERSONAL DETAILS FORM

Name: _____ **Today's Date:** _____
Address: _____ **Suburb:** _____ **Post Code:** _____
Occupation: _____ **Date of Birth:** _____
Home: _____ **Mobile:** _____
Email: _____ **Work:** _____
Person to contact in case of emergency (and contact no): _____

How did you hear about Polestar Pilates?

If referred by a friend, who?

Would you like access to our online booking system?

Health fund:

Goals: What are your goals and expectations? (*body conditioning, injury, rehab, etc*)

FAMILY/MEDICAL HISTORY

Please tick if you have any of the following symptoms/conditions?

- | | | |
|--|---|--|
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Heart ailments | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> High/Low blood pressure |
| <input type="checkbox"/> Kidney ailments | <input type="checkbox"/> Gout | <input type="checkbox"/> Blood Clots |
| <input type="checkbox"/> Liver ailments | <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Cold/Fever/Flu |
| <input type="checkbox"/> Dizziness or Fainting | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Raised cholesterol |
| <input type="checkbox"/> Palpitations or Pain in chest | <input type="checkbox"/> Glandular Fever | <input type="checkbox"/> Infections conditions |
| <input type="checkbox"/> Stomach or Duodenal Ulcer | <input type="checkbox"/> Hernia | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Cramps | <input type="checkbox"/> Headaches | <input type="checkbox"/> Joint replacements |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Sleep disorders | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Neck or Spine injury | <input type="checkbox"/> Fatigue |

Are you taking any prescribed medication that you think I should know about?

Have you recently been on long distance travel or a period of immobilisation?

Are you dieting or fasting?

I understand that I undertake this exercise program and use all the facilities and equipment at Polestar Pilates at my own risk. Prior to exercising I must disclose any health conditions and have obtained clearance from my general practitioner with regards to such conditions. I take it upon myself to discuss any changes to my current health with my instructor. I recognise that the instructor is not able to provide me with medical advice with regard to my medical fitness and that the information provided is used as a guideline to the limitations of my ability to exercise. I acknowledge and understand the following policies:

- **Hygiene Policy:** I agree to wear socks during my Pilates session.
- **Pregnancy Policy:** I agree to inform my instructor as soon as I discover I am pregnant, so that the instructor can advise you of the correct program routine for you, regardless of the number of weeks that you are pregnant.
- **Cancellation Policy:** I agree to give 24 hours notice if I need to cancel a Pilates session, otherwise resulting in a lost and non-refundable session.

Client Signature: _____

Date: _____