

Pilates and Yoga with Karen

Personal details

Date:

Name:

Address:,

D.O.B.

Home tel number:

Mobile:

Email:

EMERGENCY Contact name and telephone number:
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Medical History

Do you have – or have you experienced- any of the following?

	Yes/No		Yes/No
High/low blood pressure		Backache/pain	
Headaches, dizziness or fainting		Breathlessness	
Diabetes		Asthma	
Epilepsy		Any allergies	
Pregnancy		Major surgery in last 10yrs	
Any restricted joint movement		Minor surgery in last 2 yrs	
Hypermobility		Osteoporosis/arthritis	

Please give details:
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Have you been recommended to take up Pilates/Yoga by a specialist?
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What is/are your main goal/goals?

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Personal declaration

I declare the above information is correct and will inform you of any changes in the future.

Print name:

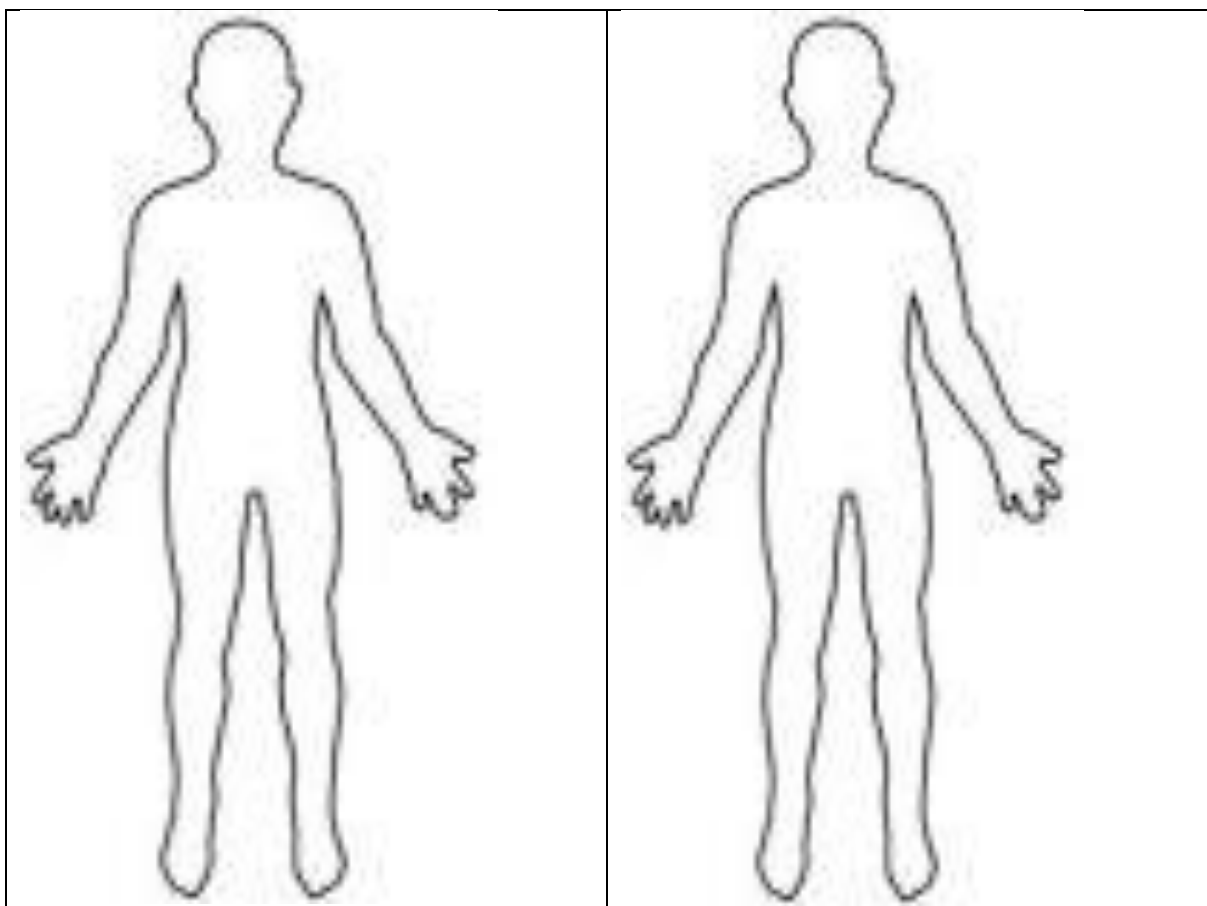
Signature:

Date:

Karen's Notes:

Front view

Back view



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