

Dance Whanganui Studio Pilates Customer Form



Full Name _____

Mobile _____

Email _____

Injury history (muscular, joint, bone, connective tissue pathologies)

Do you have any medical conditions (please list all)

Are you on any medications? **Y/N** (please list all)

Have you had any surgeries? (please specify)

Are you pregnant **Y/N**

Do you suffer discomfort or pain during your menstrual cycle? **Y/ N**

If yes , please select 1 (minor discomfort) to 10 (major pain) _____

Other types of regular exercise and frequency

Do you smoke ? **Y/N**

Occupation _____

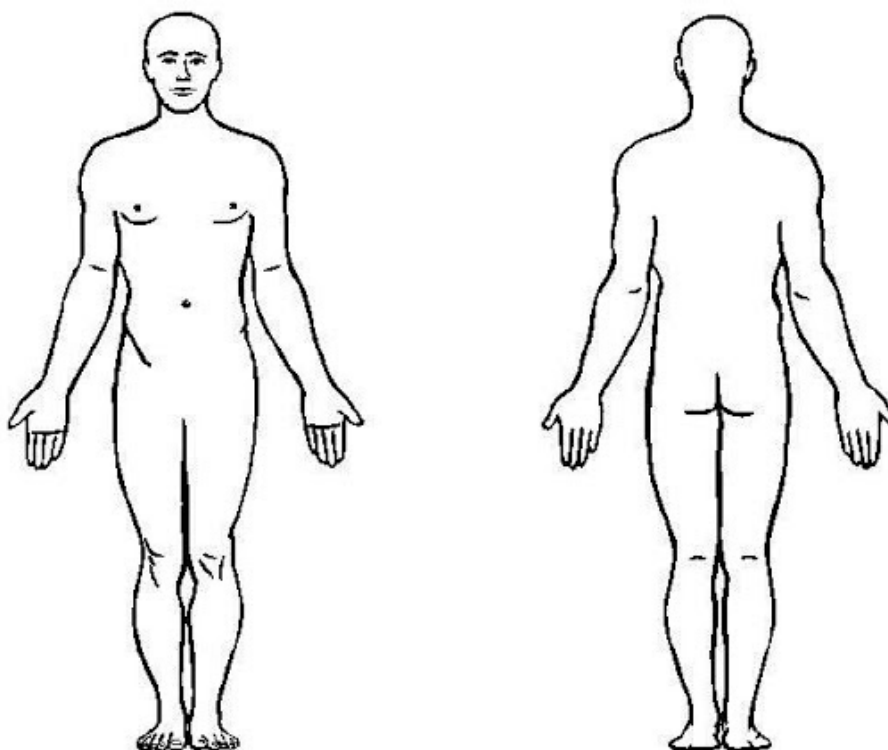
FOR PRIVATE LESSONS ONLY:

Would you like us to contact your physiotherapist or osteopath regarding your current injury ?

Y/N

If yes, contact name and number

BODY ANALYSIS - TO COMPLETE WITH INSTRUCTOR



NOTES

Please note that we have a 24 hour non-refundable cancellation policy. Please note that a full fee will be charged in case of a no-show or a failure to cancel within the specified time frame. In case of emergency or illness a class may be credited at the discretion of Dance Whanganui management.

This information is confidential and will be used by our instructors to compile the best program for you.

Signed _____ Date ___/___/___