CLIENT INFORMATION FORM

Name	
DOB	Clinic/Workshop location

Address		Email Telephone
Occupation		Medication
Height	Weight	Emergency contact name and number

Please read the following questions carefully and answer each one as honestly as you can.

	YES	NO
1. Has your doctor ever said that you have/had a heart condition and that you should only do physical activity under medical supervision?	☐	☐
2. Do you ever feel pain in your chest with exertion, or had chest pain in the last six months?	☐	☐
3. Do you experience severe dizziness, fainting or blackouts?	☐	☐
4. Do you have asthma, epilepsy, diabetes type I or II?	☐	☐
5. Do you have high/low blood pressure?	☐	☐
6. Do you have any issues with your joints, muscles or bones?	☐	☐
7. Have you have surgery for any reason?	☐	☐
8. Are you pregnant? If yes, at what stage? 1st 2nd 3rd	☐	☐
9. Have you given birth in the past six months? If yes, how long ago? _____ weeks ago	☐	☐
10. Do you know of any other reason why you should not do physical activity?	☐	☐

If you have answered yes to one or more questions, please give further details:

11. Do you smoke? If yes, how many? ..... Per day
12. Do you drink alcohol? If yes, how much? .....units per week
13. How would you describe your occupation or typical day? (Please tick)
    sedentary ☐ active ☐ physically demanding ☐
14. Do you get stressed/anxious? (Please tick) rarely ☐ often ☐ regularly ☐
15. How do you deal with stress/anxiety?

16. How many hours sleep do you get a day?
17. How many meals do you eat per day?
18. Are you active in any sport, exercise programmes or physical activies apart from riding? Please give details:

19. Do you have any past training of the Pilates method in movement? Please give details:

20. Are you currently undergoing any kinds of therapies ie physio, osteopathy, chiropractic? Please give details:

21. What are your aims and expectations of attending Equipilates™ classes or one to one training?

Sports performance	☐	Improve posture	☐
Sleep better	☐	Improve muscle tone	☐
Increase endurance	☐	Reduce aches and pains	☐
Reduce stress	☐	Lose body fat	☐

22. How many horses do you own or ride regularly?

23. Please decribe your horses (height, age, breeding, level of training)

24. Do you have regular training? If so, with whom?

25. Do you compete? If so, what level?

26. Has your horse had any form of physical therapy in the last six months and with whom? If yes, what were the findings?

28. What type of saddle do you ride in? When was it last checked and by whom?

29. What are your riding goals for the next six weeks?

30. WHat are your riding goals for the next six months?

31. What are your riding goals long term?

Where did you hear about us?

DISCLAIMER:
I confirm that the answers I have given are to the best of my knowledge correct. If by answering YES to any of the questions on the form, I confirm that I have sought medical advice and that I have been cleared by my doctor to engage in physical activity. I will inform my instructor if my medical condition changes in the future. I accept responsibility for my own body, and will halt any activitiy that I am engaged in at once if I feel unwell, or I experience any pain.

SIGNED_____ Date_____

I am happy for details of my client file and any exercise programming including photographs and video footage to be stored digitally YES ☐ NO ☐ (these will not be shared with any third parties)

I would like to be informed of any special offers, tuition packages and new updates regarding Equipilates™ by email YES PLEASE ☐ NO THANKS ☐

Informed Consent Form for Equipilates™ Participants

Equipilates™ exercise programmes are designed to improve muscle tone and strength, balance, co-ordination, endurance and flexibility and may include physical activities such as stretching, using weights and using equipment/machines.

When participating in activity/exercise you are likely to experience different levels of intensity over varying lengths of time. As a result you may experience quicker breathing patterns and become hot, as well as feelings of awkwardness depending on your experience or level of fitness.

Each part of the activity/exercise you participate in will be fully explained and you are strongly advised to ask questions if you are not clear about anything.

Most exercise programmes contain certain risks; muscle pulls, joint strains, aches, pains and general discomfort from parts of the body not previously used.

If at any time you feel any pain or discomfort, stop performing the activity and notify the instructor. Likewise, if you feel that you should not do a particular exercise for any reason you must inform the instructor.

Prior to taking part in activity/exercise sessions you are advised to complete a physical activity readiness questionnaire (PAR-Q), if you answer 'YES 'to any of the questions you are strongly recommended to consult your GP prior to continuing. There are many activities you may still be able to do. You are advised to start slowly and increase your level of activity slowly, whatever level you are currently at.

I have read and understood the conditions and risks of participation and I consent to voluntarily take part in the activities required.

I realise I am free to withdraw my consent and from the activities at any time, without negative consequences. I consent to the use of visual images (photos, videos etc.) involving my participation in the activities.

I understand that relevant sections of any of my medical notes and data collected during the activities may be looked at by members of staff where it is relevant to my taking part in this session and also research purposes and I give permission for these individuals to have access to my records.

PRINT NAME_____

SIGNED_____ _____

DATE_____