

# CSCAPE PILATES

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[www.cscapilates.co.uk](http://www.cscapilates.co.uk)

## Booking Form

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Address and postcode: \_\_\_\_\_

Which class would you like to attend (Day and Time)?

### **How did you find out about Cscape Pilates classes?**

Google search / Network Cornwall / Poster / Flyer / word of mouth / other

If none of these, please specify: \_\_\_\_\_

What are your reasons for coming to Pilates and what would you like to achieve? (e.g. improved core stability, improved posture, better mobility)

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### Payment Information

Classes are booked as courses in advance, and classes are non - refundable and non-transferable. If you do not attend a class we are unable to carry the session over to the next block of classes.

### **Payment details:**

Class fees can be made in cash, cheque, Paypal or direct bank transfer.

- Cheques made payable to Cscape Pilates.
- Paypal account: [cscapilates@gmail.com](mailto:cscapilates@gmail.com)
- Details for bank transfers are:

Account Name: Cscape Pilates Account number: 68263999 Sort Code: 089250

Bank: Co-operative Bank (please put your name as a reference)

Please do not send cash in the post.

**PLEASE TURN PAGE**

# CSCAPE PILATES

## Health Questionnaire

Please answer the following questions regarding your physical health.

**If you answer yes to any of the following questions please provide further details.**

Name: \_\_\_\_\_

Occupation\* (or previous occupation if retired/ not working): \_\_\_\_\_

Any hobbies / activities regularly undertaken\*: \_\_\_\_\_

\* this information can give us an insight into your postural tendencies & muscular balance

Are you currently receiving treatment from your GP or a therapist (e.g. Physiotherapist, Osteopath, Chiropractor) for a condition which may affect your ability to exercise? **(If yes, please give details of the condition for which you are being treated)**

If yes, have you told them you are planning to attend Pilates classes? Yes / No

Do you have a history of heart disease, high blood pressure or any other cardiovascular problems? Yes / No

Is there a history of heart disease in the family? Yes / No

Do you suffer from Arthritis? Yes / No

Do you get any chest pain, in particular when exercising? Yes / No

Do you suffer from any allergies or asthma? Yes / No

Do you ever feel faint or dizzy and if so is it made worse by exercise? Yes / No

Do you have, or is there a family history of Osteoporosis? Yes / No

Are you, or have you recently been pregnant? Yes / No

Have you ever had either abdominal or joint surgery (e.g. appendix or joint replacement)? Yes / No

Are you taking any medication at the moment or are you recuperating from a recent illness or operation? Yes / No

Do you suffer from pain or limited movements in any joints? Yes / No

Have you ever had an injury that required musculo - skeletal therapy (such as Physiotherapy or Osteopathy)? Yes / No

### Signed Consent

I have answered these questions to the best of my belief and know of no other reason why I should not undertake a course of exercise.

I will inform my teacher if my medical condition changes in the future.

I understand that all exercise carries a risk of injury and I accept responsibility for my own body and will stop exercising if I need to.

Signed \_\_\_\_\_

Date \_\_\_\_\_