

### Personal information

Last name	First name
Street	Postcode, City
Phone	Email/Fax
Date of Birth	Profession / current job

### Questions about your health

When did you last workout regularly (minimum 2 times a week)?

Which sport arts have you pursued?

Are you still active in that sport? If not, why haven't you pursued it?

In my daily life, I either prefer	<input type="checkbox"/> stairs/bicycle	<input type="checkbox"/> elevator/car
Do you smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you ever smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please, place your daily stress level on a scale from 1 (very low) – 10 (very high). Can you deal with it?

Please place your personal fitnesslevel on a scale from 1 (very good) – 10 (very bad).

I am	<input type="checkbox"/> right-handed	<input type="checkbox"/> left-handed	<input type="checkbox"/> now right-handed but originally left-handed
Are you pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Do you suffer from back pain? If "yes", do you know why?

Do you suffer from any other pain? If "yes", please name body region and date of beginning.

Are there movements and/or postures that cause you pain?  
If "yes", please describe movement and/or posture and name the date of beginning.

Have you been to physiotherapy last time? If "yes", why?

Do you regularly use medication? If "yes", what kind of medication?

Do you suffer from allergies? If "yes", what kind of allergy?

Do you wear orthopedic inlays or joint endoprosthesis? If "yes", what kind of?

Have you ever had surgery? If "yes", why?

Have you ever had a herniated disk? If "yes", when and in which part of the spine?

Do yo suffer from:

high bloodpressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
osteoporosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
bronchial asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
angina pectoris	<input type="checkbox"/> Yes	<input type="checkbox"/> No
rheumatism	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional comments:

### Questions about Pilates

Have you done Pilates before? If "yes" – where, how often and with whom?

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What do you expect of the Pilates-Training? What would you like to change for yourself?

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When and how often would you like to train?

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Do you wish a home training program?

Yes

No

### For your information

I do not assume liability for damages to property and persons in the following cases:

- if your doctor or physical therapist advised you not to train
- if you don't follow my technique and safety instructions
- accidents, that are caused by a third party during your stay in the Körperzentrum
- accidents, that are caused on your way to training.

### Please take notice of the following training rules

- Inform me as early as possible, if you have to cancel your training. Cancellations free of charge are possible up to 24 h before training. Cancellations less than 24 h before training have to be paid full. You can send an alternative client.
- Pay for your lesson in cash, before or after training and try to have correct change.
- Inform me about pregnancy as early as possible!
- Switch your mobile phones off, before you enter the room.
- Be in time!
- Don't wear jewellery during the training. You possibly damage yourself and the Pilates equipment.
- The Physiotherapy does not assume liability for your property and wardrobe. Please take it with you into the studio.
- Wear close fitting training wear for optimal corrections from my person.
- Bring a small towel with you, to use under your face in order to avoid make up stains on the equipment.
- Wear socks all the time if you suffer from an athlete's foot.

For appointments, cancellations etc. you can contact me under +49 173 496 00 61 or per Email at [mail@pilates-dresden.de](mailto:mail@pilates-dresden.de).

Thank you very much for your cooperation & lots of fun with Pilates!

**I herewith accept the conditions stated on this page.**

Place, Date

Signature

Printed Name