

**PERSONAL DETAILS:**

<b>Name:</b>		<b>DOB:</b>	
<b>Address:</b>			<b>Postcode:</b>
<b>Phone:</b>	<b>(m)</b>	<b>(h)</b>	<b>(w)</b>
<b>Email:</b>			<b>Occupation:</b>
<b>Emergency Contact:</b>			<b>Emergency Contact Phone:</b>
<b>Do you have any Private Health Insurance (eg Medibank, HBF)?</b>			Y / N
<b>Indicate Fund:</b>			_____

**How did you hear about Pilates at Bodysmart Health Centre?**

- Search Engine   
  Yellow Pages   
  Workplace Expo   
  Flyer - Workplace  
 Newsletter   
  Internet Search   
  Health Insurance Website   
  Ergonomic Assessment  
 Doctor (Please specify) \_\_\_\_\_  
 Friend /Colleague (**please specify name**) \_\_\_\_\_  
 Other (Please specify) \_\_\_\_\_

**Would you like to receive our FREE monthly health and wellbeing e-bulletin?**

Yes  No

**Would you like to receive a link to our Facebook page?**

Yes  No

**EXERCISE HISTORY**

Have you been exercising regularly? (Please circle)

YES | NO

(a) If yes, please provide details of the following:

\* Type of exercise \_\_\_\_\_

\* Frequency of exercise \_\_\_\_\_

\* Your perceived intensity when exercising? Hard | Medium | Light | Very Light

(b) If no, approximate date you last exercised regularly? \_\_\_\_\_

**REFORMER PILATES GOALS**

What are you hoping to achieve through Reformer Pilates (generally)? \_\_\_\_\_

Do you have a specific goal in mind? \_\_\_\_\_

**MEDICAL CONDITIONS**

Did a medical practitioner / health care professional recommend that you commence Pilates? If so please provide details: Name and Specialty \_\_\_\_\_

If you are female, are you pregnant or have you given birth within the last 6 months?

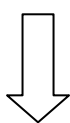
YES | NO – Provide Details \_\_\_\_\_

## Do you suffer any of the following?

<input type="checkbox"/> Nervousness	<input type="checkbox"/> Shoulder pain	<input type="checkbox"/> Mid back pain
<input type="checkbox"/> Chronic Irritability	<input type="checkbox"/> Arm / elbow pain	<input type="checkbox"/> Rib pain
<input type="checkbox"/> Insomnia	<input type="checkbox"/> Arm weakness	<input type="checkbox"/> Low back pain
<input type="checkbox"/> Head/face pain	<input type="checkbox"/> Hand / wrist pain	<input type="checkbox"/> Ankle / foot weakness
<input type="checkbox"/> Headache	<input type="checkbox"/> Finger numbness	<input type="checkbox"/> Buttock pain
<input type="checkbox"/> Dizziness	<input type="checkbox"/> High Blood press.	<input type="checkbox"/> Leg pain
<input type="checkbox"/> Nausea / vomiting	<input type="checkbox"/> Low Blood Press.	<input type="checkbox"/> Leg weakness / numbness
<input type="checkbox"/> Eye disorder	<input type="checkbox"/> Chest pain	<input type="checkbox"/> Abdominal pain / cramp
<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Indigestion	<input type="checkbox"/> Kidney disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Foot / toe numbness	<input type="checkbox"/> Urinary problems
<input type="checkbox"/> Neck pain	<input type="checkbox"/> Calf cramping	<input type="checkbox"/> Shortness of breath

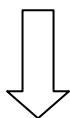
## PILATES EQUIPMENT PROGRAM CUSTOMISATION PROCESS

### STEP 1 40 minute 1:1 Comprehensive Assessment/Program Customisation (Required)



Includes questionnaire of symptoms, range of movement analysis, postural analysis, core strength grading, education on core activation, understand your goals, we shortlist your issues, we develop a customised exercise program on the equipment and we introduce you to the exercise equipment. *This is booked under HICAPS code 506 and can be paid for on the day of the session.*

### STEP 2 1:1 Session (1 to 3+ sessions of 30, 40 or 60 min duration) (Required)



Performance of these introductory sessions will improve your confidence and ability in using the specialised equipment in a one on one environment under your Physiotherapist's guidance. *These sessions are booked under HICAPS code 506 and can be paid for on the day of the session.*

### STEP 3 Continue 1:1 Sessions OR Enrol in Semi Private 40 minute Sessions (1:2 or 1:3 available)

The semi private arrangement is where one Physiotherapist works very closely with 2 or 3 clients simultaneously. Each client completes their own individualised exercise program under the close supervision of an experienced Physiotherapist. *These sessions are booked under HICAPS code 505 and can be paid for on the day (if casual) or in packs of 5, 10 or 25.*

## TERMS AND CONDITIONS

By enrolling in this course you enter into a legally binding agreement with the Exercise Class Operator -BODYSMART HEALTH SOLUTIONS PTY LTD, trading as "BODYSMART HEALTH CENTRE" and agree to comply with and adhere to the following terms and conditions:

1. Enrolment in any session will only be confirmed upon receipt of this form, duly completed together with payment of fees for the sessions enrolled in. Session availability will be filled in the order in which enrolment forms and session payments are received (i.e. 'first in, best dressed').
2. In regard to any medical condition disclosed on this form, participants undertake to obtain clearance from their medical practitioner prior to enrolling in these sessions.
3. Credits for non-used sessions will be given only in the case where a valid medical certificate is presented to Bodysmart Health Centre that is issued by a certified General Practitioner or Bodysmart Physiotherapist and at the sole discretion of Bodysmart Health Centre.
4. If, due to unforeseen circumstances, a session is cancelled because of the lack of a duly qualified Instructor, participants will be notified and arrangements will be made to add a make-up session.
5. For reasons of hygiene, participants are required to bring and use a towel large enough to lie on.
6. If you are unable to make a session we ask that you give us a minimum of 24 hrs notice. Participants will be billed the normal session fee if less than 24 hrs notice is given.

7. It is the participants responsibility to book their sessions through Bodysmart Reception via phone or email. Five, 10 and 25 pack purchases are valid for 2,4 and 12 months respectively. Any unused credit will be forfeited if not utilised within this timeframe.

**DECLARATION**

Bodysmart Physiotherapists will take utmost care to ensure your health and safety is a primary concern however we need to make you aware that exercise is not without risk to the musculoskeletal and cardiovascular systems.

I acknowledge I have voluntarily elected to participate in an exercise program with BODYSMART HEALTH CENTRE. I will not hold BODYSMART HEALTH SOLUTIONS responsible or liable for any personal injury or loss or damage which may result from my participation in any proposed exercise program with BODYSMART HEALTH SOLUTIONS.

Further, I agree to accept the above Terms and Conditions.

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_

**ENROLMENT**

Please enrol me in:

<input type="checkbox"/> Initial Comprehensive Assessment 1:1 (required)     \$135 one off payment (Pay on the day of service)	
1:1 Session (1-3 required)	Please circle the number of sessions required: 1   2   3 (Pay on the day of service)
<input type="checkbox"/> 30 minutes    \$92	<input type="checkbox"/> 40 minutes    \$135 <input type="checkbox"/> 60 minutes    \$175

1:3 Reformer Pilates Session Packs		1:2 Reformer Pilates Session Packs	
<input type="checkbox"/> Casual     \$65/session (Pay on the day)		<input type="checkbox"/> Casual     \$97.50/session (Pay on the day)	
<input type="checkbox"/> 5 Pack     \$300 - \$60/session (Valid 2 months)		<input type="checkbox"/> 5 Pack     \$450 - \$90/session (Valid 2 months)	
<input type="checkbox"/> 10 Pack    \$550 - \$55/session (Valid 4 months)		<input type="checkbox"/> 10 Pack    \$825 - \$82.50/session (Valid 4 months)	
<input type="checkbox"/> 25 Pack    \$1,250 - \$50/session (Valid 12 months)			

**PAYMENT**

Payment via (please circle):     Cash | EFTPOS | Credit

I \_\_\_\_\_ authorise Bodysmart Health Solutions to deduct \$ \_\_\_\_\_ from my

VISA                       MASTERCARD

**Card number:**

**Card expiry:**

/   /

**Credit card verification / CCV:** (last 3 digits on back of card)

**Name on card:** \_\_\_\_\_ **Signature of card holder:** \_\_\_\_\_

Please fax completed form to (08) 9481 8709 or scan and email to [reception@bodysmart.com.au](mailto:reception@bodysmart.com.au)