

# Physiotherapy Mat Pilates Enrolment Form

# **PERSONAL DETAILS:**

Name:	DOB:						
Address:			Postcode:				
Phone:	(h)		(w)				
Email:			00	ccupation:			
Emergency			Emergen	cy Contact			
Contact:				Phone:			
Do you have any Private Health Insurance (eg Medibank, HBF)? Y / N							
Indicate Fund:				cate Fund:			
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?  Would you like to receive a link to our Facebook page (offers / discounts advertised)? Yes No   EXERCISE HISTORY							
Have you been e	xercising regularly? (Please circle)				YES   NO		
(a) If yes, please provide details of the following:							
* Type of e	exercise						
* Frequency of exercise							
* Your perceived intensity when exercising? Hard   Medium   Light   Very Light							
(b) If no, approximate date you last exercised regularly?							
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?

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

#### MAT PILATES PROGRAM CUSTOMISATION PROCESS

#### STEP 1 30 minute 1:1 Mat Pilates Assessment

(Required)



Includes questionnaire of symptoms, range of movement analysis, postural review, education on core activation, understand your goals, familiarise ourselves with your issues, we introduce you to the key principles of Pilates. 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 or 40 duration)

(Optional)



Performance of these introductory sessions will improve your confidence and ability in correctly activating the "core" and understanding of the Pilates 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 Attend Small Group 40 minute Sessions (up to 1:10 ratio)

One experienced Pilates Physiotherapist works a small group of clients simultaneously. The physiotherapist will modify exercises for each participant as required. *These sessions are booked under HICAPS code 561 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:

- 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. Non-used credits can be transferrable to another participant, if still valid; however, it is your responsibility to find a suitable replacement participant.
- 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 participant's responsibility to book their sessions through Bodysmart Reception via phone or email. Five, 10 and 25 pack purchases are valid for 6 weeks, 12 weeks and 8 months respectively. Any unused credit will be forfeited if not utilised within this timeframe.
- 8. In the interest of safety for all participants, and as class sessions are structured, those who arrive more than 10 minutes late will NOT be permitted to enter the class. The participants will not receive a refund or credit for this session.

### **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: DATEI	D:					
ENROLMENT						
Please enrol me in:						
☐ Initial Pilates Assessment 1:1 (required) \$85 (when pack purchased) one off payment.						
Discounted from \$105 standard 30 minute assessment fee.						
(Pay on the day of service)						
1:1 Session (optional) 30 minute or 40minute options (based on recommendation of Physiotherapist)						
(Pay on the day of Service)						
Small Group Mat Pilates Session Packs						
☐ Casual \$30/session (Pay on the day)	☐ 10 Pack \$220 - \$22/session (Valid 3 months)					
☐ 5 Pack \$125 - \$25/session (Valid 6 weeks)	☐ 25 Pack \$495 - \$19.80/session (Valid 8 months)					
PAYMENT						
Payment via (please circle): Cash   EFTPOS   Credit						
Iauthorise 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: Signa	ture of card holder:					

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