



6675 Suite 131 - Falls of Neuse Rd. Raleigh

POLICIES, HEALTH SURVEY AND PRICING

Client Information: **Today's Date:** _____

Name: _____

Address: _____

Phone: (h) _____ **work:** _____ **cell:** _____

DOB: _____

E-mail: _____

Emergency Contact: _____ **Phone:** _____

Referred by: _____

Health and Physical Activity Readiness Questionnaire:

Accident and Injury History: (please include any chronic conditions or ongoing illness)

* If you have listed any conditions above, have you been approved by your medical professional to participate in a Pilates program? _____ Initial ().

Have you ever been diagnosed with:

-- High Blood Pressure --- Heart problems --- Joint problems ---Diabetes
---Whiplash ---Liver disease ---Sprain ---Fracture ----Asthma ---Cancer

Please explain if yes to any:

- | | |
|-----|-----|
| Yes | No |
| --- | --- |
- Are you pregnant?
 - Have you given birth within the last 6 months?
 - Do you have a family history of heart disease or HBP?
 - Is your diet high in fatty foods, red meat, alcohol and/or sugar (circle which)
 - Do you ever have dizzy spells or feel faint?
 - Have you been diagnosed with high cholesterol?
 - Do you smoke?

Any medications you are taking now that could/would affect your ability to exercise:

Are you currently receiving any health/medical care? If so, please indicate name, type of care (Chiropractic, acupuncture, therapeutic massage, physical therapy, physician) and their contact number:

What does your current physical activity or exercise program consist of:

What is your primary reason for choosing Pilates or Yoga training?

I have answered the above questions accurately and to the best of my ability. I realize that by partaking in this exercise program, I do so at my own risk. I further realize that it is my responsibility to have a regular physical exam with my medical professional to ensure that this program is appropriate. I hereby release Smart Body Pilates Inc. or any person(s) involved with said organization of any liabilities, injuries or accidents that may arise from my association with Smart Body Pilates Inc.

Signature: _____ **Date:** _____

Guardian: _____ **Date:** _____ **(if client under 18)**

Smart Body Pilates Studio Policies

*Appropriate exercise wear is required during workouts. We want our clients to be comfortable and safe without compromising the comfort of others in the studio. Work on Pilates equipment and in a Yoga class will sometimes take the participant into compromising positions.

*Please be respectful of personal hygiene as well, this would include negating any *heavy* perfumes or colognes. We work in close proximity with one another 😊

Examples: *appropriate attire: shorts with sufficient liner/undergarments underneath, active wear pants of any length, t-shirts, athletic tops. Form fitting attire is a benefit as the instructor can make better assessment of your body alignment.*

Inappropriate: revealing items, lack of undergarments when necessary, street clothes, no shirt. overly baggy/loose clothing.

Appointment policies:

- **All Packages must be pre-paid in full at start of first session**
- **Pre-paid packages are non-refundable after 3 days from purchase date** (please consider this when making your purchase)
- **Pre-paid packages *may be* transferred if necessary to another person or may be held open if extenuating circumstances arise.**
- **All session packages must be completed prior to expiration** (please consider this when selecting your package type).
- **All appointments require a 24 hour cancellation notice directly to your instructor.** (Please do not call the studio info. line) **Because we have reserved this time for you personally, we must charge for a missed session.** (This includes appointments with more than 1 participant).

I have read carefully and acknowledged all the above studio policies _____ (initials)

I understand that there are certain risks involved in any exercise program. Signing this statement is intended to make me aware of my responsibilities in preventing potential injuries, reporting actual injuries and complying with treatment plans of my health care provider(s). Risks include but are not limited to sprains, dizziness, heart attacks and permanent injury. Completion of the client profile is intended to provide my instructor with necessary information in developing my individual exercise plan. _____ (initials)