## **Fitness Evaluation**

Name	sex	age			
MEASUREMENTS	BOX	<u> </u>			
Shoulders					
Back					
Chest					
Breast					
Arms Waist					
Hips					
Thigh					
Calf					
Frame					
Height					
Weight					
Fat %					
Muscle %					
H2O %					
RHR					
Max HR					
Recovery HR					
Blood Pressure					
BP rating					
		FLEXIBII	LITY		
Hip Flexor					
Hamstring					
Psoas					
Back					
Dack		STRENG	TH		
Core Stability		SIKENG	7111		
Core Stability		ENDURA	NCE		
Reps in 60 sec.		ENDUKA	NCE		
	IZ1	T 1 1 -	C 1:: -	C:	O(1 ···
Skeletal Deviations;	Kyphosis	Lordosis		Spinal Twist	Other:
Body Type;	Mesomorphic		•	c M/Ec M/En	
Alignment;	Head	Neck	Shoulder		Leg Feet
Body Shape;	Cone	Ladder	Pear	Hour Glass	Change
Muscle Tone;	Supple/strong		Hyper tonic	Flaccid	Change
Нуро		Blood Pressure Cl below 99	lassification Diastol	ic	
Normal		99 > 139	below		
Borderline		140 > 159	90 > 94	1	
Hypertension		above 160	above 9		
HR Recovery after 60 sec re		below 35 yrs F M	35>45 yrs F M	above 65 yrs	
Excellent			79 90	87	
Average	120 1	118 120	118 120	118	
Fair	127 1	129 129	134 130	130	
Poor					

### **Business Policies**

These business policies respect everyone's time and commitment.

**Punctuality:** Please be on time for your appointments. If you are going to be more than 15 minutes late please call me to let me know. Sessions may not be extended past the scheduled hour.

"No Show": Being later than 20 minutes without calling is a "no show" and will be charged full fee. Not showing up for your appointment will be charged full fee.

**Cancellations and Re-scheduling**. You may cancel or re-schedule an appointment with a 24-hour notice. There will be a full charge as a prepaid session for cancellations or reschedules without a 24-hour notice.

**Expirations:** All sessions must be utilized within the designated time frame of the purchased package. All unused sessions will automatically expire after an absence of 30 days if a 'Freeze' form has not been submitted to the trainer.

"Make-ups": Cancelled sessions made with 24-hour notice may be made up and must be completed within 10 days of the expiration of your purchased package.

**Freezes:** You may request a freeze on your package to accommodate absence over two weeks due to: illness, emergencies or business. You must fill out the <u>Request to</u> Freeze Package Agreement Form and submit it to the trainer.

**Renewals:** Payment must be made for your renewal package <u>before</u> your renewal package appointments begin.

No refunds. Sessions are non-transferable.

Please sign below your agreement in adhering to these policies. Thank- you.

Client Signature:	Date	

PERSONAL QUESTIONNAIRE

This information is confidential and will not be shared with others

<b>Date:</b> / /		
Name:		
Address:		
Home Phone:	<b>Mobile Phone:</b>	E-mail:
Date of Birth:	Age:	$\square$ M $\square$ F
Occupation:		
Marital Status:		
Name of Significant Othe	er:	
Name of Emergency Con	tact:	Phone:
Referred By:		
PLEASE ANSWER THE FOLL	OWING QUESTIONS ABOUT YOU	R EXERCISE HISTORY:
1) Have you participated in a pr	rivate Pilates' program before?	
With whom?	Where?	
2) Please describe your past fitn	ness program:	
3) How often did you attend?		
4) When and why did you stop?	?	
5) Were you pleased with the in	astructor?	
6) What sports or exercise prog	rams are you involved?	

# HEALTH HISTORY QUESTIONNAIRE Before starting any exercise program, it is important that you seek the advice of your physician.

Address:  Cell:  E-mail:  Name of Medical Doctor:  Doctor's Phone:  Name of Chiropractor:  How often do you get adjusted?  Chiropractor's Phone:  PAST HISTORY  What operations have you had & when?  Have you had any accidents or serious injuries & when?  Have you had any serious illnesses & when?  Have you had any serious illnesses & when?  Have you had any serious illnesses & when?  Have YOU EVER HAD ANY OF THE FOLLOWING PROBLEMS  High Blood Pressure Heart Disease Stroke  Cholesterol Cancer Shortness of Breath Sinus  Digestive Disorders Allergies Thyroid  Hypoglycemia Hyperglycemia Hernia Osteoporosis Headaches Dizziness Neck Mid Back Low Back  Hip Knee Ankles  Shoulder Elbow Feet Wrist Hand Arthritis  Other  CURRENT HISTORY  What is your current stress level? LIGHT MEDIUM HEAVY  Do you have any physical problems that may limit your exercise ability?  Has a physician treated you for any health condition in the last year? YES NO  Describe:  Are you taking any medications? If yes, what are they?  FEMALES ONLY: Are you pre or postnatal? Are you pre or post menopause?  When is your MONTHLY CYCLE?	Name:			of Birth:			
Name of Medical Doctor:  Doctor's Phone: Name of Chiropractor: How often do you get adjusted?  Chiropractor's Phone:  PAST HISTORY  What operations have you had & when? Have you had any accidents or serious injuries & when?  Have you had any serious illnesses & when?  Have you had any serious illnesses & when?  Have YOU EVER HAD ANY OF THE FOLLOWING PROBLEMS  High Blood Pressure Heart Disease Cholesterol Cancer Shortness of Breath Asthma Digaetive Disorders Allergies Thyroid Hyperglycemia Hyperglycemia Hyperglycemia Hyperglycemia Hernia Osteoporosis Headaches Neck Mid Back Low Back Hip Knee Ankles Shoulder Elbow Feet Wrist Hand Other  CURRENT HISTORY  What is your current stress level? LIGHT MEDIUM HEAVY Do you have any physical problems that may limit your exercise ability?  Has a physician treated you for any health condition in the last year?  If yes, what are they?  FEMALES ONLY: Are you pre or post menopause?	Address:		City:		State:		Zip:
Doctor's Phone: Name of Chiropractor:  PAST HISTORY  What operations have you had & when? Have you had any accidents or serious injuries & when?  Have you had any serious illnesses & when?  Have you had any serious illnesses & when?  Have YOU EVER HAD ANY OF THE FOLLOWING PROBLEMS  High Blood Pressure Heart Disease Stroke  Cholesterol Cancer Shortness of Breath Asthma Diabetes Sinus  Digestive Disorders Allergies Thyroid  Hypoglycemia Hyperglycemia Hernia Osteoporosis Headaches Dizziness Neck Mid Back Low Back Hip Knee Ankles Shoulder Elbow Feet Wrist Hand Arthritis Other   CURRENT HISTORY  What is your current stress level? LIGHT MEDIUM HEAVY Do you have any physical problems that may limit your exercise ability?  Has a physician treated you for any health condition in the last year? YES NO Describe: Are you taking any medications?  If yes, what are they?  FEMALES ONLY: Are you pre or postnatal? Are you pre or post menopause?	Phone:	Cell:		E-mail:	:		
Name of Chiropractor:	Name of Medical Doctor:		Date o	of last ph	ysical e	examina	ation:
Chiropractor's Phone:  PAST HISTORY  What operations have you had & when?  Have you had any accidents or serious injuries & when?  Have you had any serious illnesses & when?  HAVE YOU EVER HAD ANY OF THE FOLLOWING PROBLEMS  High Blood Pressure Heart Disease Stroke  Cholesterol Cancer Shortness of Breath Sinus  Digestive Disorders Allergies Thyroid  Hypoglycemia Hyperglycemia Hernia Osteoporosis Headaches Dizziness Neck Mid Back Low Back Hip Knee Ankles Shoulder Elbow Feet Wrist Hand Arthritis Other  CURRENT HISTORY  What is your current stress level? LIGHT MEDIUM HEAVY Do you have any physician problems that may limit your exercise ability?  Has a physician treated you for any health condition in the last year? YES NO Describe: Are you taking any medications? If yes, what are they?  FEMALES ONLY: Are you pre or postnatal? Are you pre or post menopause?	Doctor's Phone:						
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HAVE YOU EVER HAD ANY OF THE FOLLOWING PROBLEMS  High Blood Pressure Heart Disease Stroke  Cholesterol Cancer Shortness of Breath Asthma Diabetes Sinus  Digestive Disorders Allergies Thyroid  Hypoglycemia Hyperglycemia Hernia Osteoporosis Headaches Dizziness  Neck Mid Back Low Back  Hip Knee Ankles Shoulder Elbow Feet Wrist Hand Arthritis  Other  CURRENT HISTORY  What is your current stress level? LIGHT MEDIUM HEAVY  Do you have any physical problems that may limit your exercise ability?  Has a physician treated you for any health condition in the last year? MYES NO  Describe:  Are you taking any medications?  If yes, what are they?  FEMALES ONLY: Are you pre or postnatal?  Are you pre or post menopause?	Have you had any accidents or	serious inju	ries & v	when?			
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Hypoglycemia Hyperglycemia Hernia Osteoporosis Headaches Dizziness Neck Mid Back Low Back Hip Knee Ankles Shoulder Elbow Feet Wrist Hand Arthritis Other   CURRENT HISTORY  What is your current stress level? LIGHT MEDIUM HEAVY Do you have any physical problems that may limit your exercise ability?  Has a physician treated you for any health condition in the last year? MYES NO Describe: Are you taking any medications? If yes, what are they?  FEMALES ONLY: Are you pre or postnatal? Are you pre or post menopause?							
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Shoulder Wrist Hand Feet Arthritis Other  CURRENT HISTORY  What is your current stress level? LIGHT MEDIUM HEAVY  Do you have any physical problems that may limit your exercise ability?  Has a physician treated you for any health condition in the last year? YES NO  Describe:  Are you taking any medications?  If yes, what are they?  FEMALES ONLY: Are you pre or postnatal? Are you pre or post menopause?							
Wrist Other  CURRENT HISTORY  What is your current stress level? LIGHT MEDIUM HEAVY  Do you have any physical problems that may limit your exercise ability?  Has a physician treated you for any health condition in the last year? YES NO Describe:  Are you taking any medications? If yes, what are they?  FEMALES ONLY: Are you pre or postnatal? Are you pre or post menopause?	•						
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What is your current stress level?	Other	CURREN	T HIST	ORY			
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Has a physician treated you for any health condition in the last year?  Describe:  Are you taking any medications?  If yes, what are they?  FEMALES ONLY: Are you pre or postnatal?  Are you pre or post menopause?	•	_					AVY
Describe: Are you taking any medications? If yes, what are they? FEMALES ONLY: Are you pre or postnatal?  Are you pre or post menopause?	Do you have any physical proble	ms that may I	ımıt you	r exercise	e ability	/?	
If yes, what are they? FEMALES ONLY: Are you pre or postnatal?  Are you pre or post menopause?	Describe:	•	dition in	the last	year?	I	□YES □NO
When is your MONTHLY CYCLE?	FEMALES ONLY: Are you pre or postnatal?			ost menopause?			
	When is your MONTHLY CYCLE?						

The information above is true, accurate & reflects my current physical condition. SIGNATURE: DATÉ:

### **Waiver and Release Form**

It is always advisable and recommended to consult your physician before undertaking this or any exercise program.

I, the client am aware that I am engaging in physical exercise and that the use of equipment training and instruction could cause injury to me.
I am voluntarily participating in these activities and assume all risk of injury that might result.
I understand that all reasonable efforts will be made to ensure my physical safety.
I understand that the equipment can be dangerous if used improperly and I will follow the strict instructions of you, my trainer/instructor with respect to all use of the equipment.
I agree to waive any claims or rights I might otherwise have to make a suit against you, my Pilates' instructor for any injury or damage resulting from these activities. I agree to hold you, my Pilates' instructor harmless from any injury I receive from my participation in my Pilates sessions.
Client Name: Date:
Signature:

### **Reformer Safety Checklist**

### BEFORE BEGINNING A CLASS OR PERSONAL TRAINING SESSION

- 1) Inspect the straps to see if they are tight in their binding, and that they are equal in length.
- 2) Strap length adjustments should be locked and riser pulleys secured.
- 3) Adjustable shoulder rest should be all the way in and locked with lock pins.
- 4) The foot bar should be adjusted to each client's proportions and securely locked in place.
- 5) Spray tracks of all machines with silicone lubricant.

### SAFETY POINTS TO REMEMBER

- 1) Do not allow participants to straddle the apparatus. Secure springs then ask them to sit on the carriage from the side, and then roll into place.
- 2) Always make sure the client's fingers and/or feet are clear of the springs when they are holding onto the carriage or seated on the box during a movement.
- 3) Change carriage springs only when the carriage is parked.
- 4) Do not have participants stand on the carriage without assistance or holding onto the foot bar.
- 5) When assisting clients with foot straps, be careful not to allow the ropes to fall into their face.
- 6) When assisting clients into leg loops, give clear instructions and keep one foot on the foot-bar while placing the first foot into the strap.
- 7) Insure that the pulley is working efficiently, and that the rope is free from kinks or twists.
- 8) Double check all attachments, especially the clip attachments.
- 9) The head rest must be down when the hips are lifted off the carriage.

# Are all lock pins in place in the shoulder rests. 2) \_\_\_\_\_ Are all lock pins in place in strap posts. 3) \_\_\_\_ Have all straps, and pulleys been checked for equal length and height. 4) \_\_\_\_ Have all strap catches been checked for tightness. 5) \_\_\_\_ Are all machines wiped fresh and sprayed with lubricant. 6) \_\_\_\_ Is the head rest at its proper height. DAILY CARE AND MAINTENANCE CHECKLIST 1) \_\_\_\_ Keep all tracks lubricated with a silicone lube, and free and clear of dust. 2) \_\_\_\_ Wash the carriage with mild detergent such as Simple Green, or a diluted solution of tea tree oil from a spray bottle, between uses. 3) \_\_\_\_ Keep the springs free and clear of dust, hair, etc... 4) \_\_\_ Periodically wash the hand and foot straps in mild detergent. Allow to dry before use.

### **Pilates Apparatus Maintenance**

**PURCHASE:** Always buy your Pilates' equipment from a reputable manufacturer or dealer. In the event that you purchase used equipment, ask for the manufacturers contact information. The manufacturer should have PRODUCT LIABILITY. Beware; some individuals have tried to make Pilates equipment and then sell to unsuspecting buyers. These home made machines usually fall apart while in use, while the liability rests with the user.

**REPAIRS:** Do not hesitate to contact the Pilates' dealers or manufacturer for replacement parts. The manufacturer can usually make a recommendation for your repairs. Often there are Pilates' repair people or handy man services in your area.

**MAINTENANCE:** Design a bi-monthly maintenance program. Document your inspection, maintenance and repairs. This may be needed in the event of equipment failure and a subsequent injury, to prove your diligence and safety protocols in a court of law. Potential serious injury may result from non-maintenance of equipment.

**<u>Hardware Inspection</u>**: make sure every nut, bolt and fastener is secure.

**Spring Inspection:** Random defects may pre-exist in the springs. Severe nicks or abrasions may develop. Stepping on or twisting a spring will cause separation in the coils. Springs that are in continuous daily use may exhibit signs of fatigue and should be replaced. Springs should systematically be replaced every 36 months.

**Woodwork:** Clean with a mild soapy solution or furniture polish. Refinishing may be required in extreme cases; use a light grade sand paper and seal with polyurethane.

<u>Tracking Systems</u>: Inspect the wheel axles every 2-3 months. Remove any debris that may be entwined on the axel or in the wheel barring. Tighten the wheel if any play is evident. The tracks, upon which the carriage rides, should be cleaned daily. Use a mild soapy solution and dry thoroughly.

**Foot Bar:** Secure the pad, so that it doesn't slip. Tighten the locknuts if loose.

<u>Leather Straps or Ropes:</u> Use a leather conditioner to prevent drying out or stress fractures. Leather tends to stretch unevenly. Adjust the straps to accommodate the difference and recheck them periodically [the leather will stabilize after a month or two]. Ropes are not meant to last a lifetime. Minor fraying is expected. All ropes that tear or wear severely should be replaced immediately.

<u>Upholstery:</u> Make a routine of wiping down the vinyl upholstery after every use. Besides being hygienically diligent, the clients appreciate your care and reciprocate with consideration for your equipment. Jewelry and clothing may tear the upholstery. Cleaning solutions such as Simple Green, Formula 409, Fantastik or non-allergenic disinfectants like Tea Tree Oil in water or diluted Rubbing alcohol are popular choices. In worse case stains, nail polish remover is effective.