Client Consultation Form

iUSP166 – Programming a Pilates teaching session

Centre name:	
Centre number:	
Learner name:	
Learner number:	
Date:	

Client name:		
Address:		
Profession:		
Telephone number:	Day:	
	Evening:	

Personal details:						
Age group:	Under 20 ☐	20 – 30 ☐	30 – 40 ☐	40 – 50 ☐	50 – 60 ☐	60+ ☐
Lifestyle:	Active ☐			Sedentary ☐		
Last visit to the doctor:						
GP address:						
Number of children: *(If applicable)*						
Date of last period: *(If applicable)*						
How often do you exercise?	None ☐	Regular ☐	Occasional ☐	Irregular ☐		
Type:						

Contra-indications requiring medical permission – *in circumstances where medical permission cannot be obtained clients must give their informed consent in writing prior to treatment (Select if/where appropriate):*		
Any recent injuries including fractures, strains, sprains, ruptures or tears ☐	Diarrhoea ☐	After a heavy meal ☐
Fever ☐	Any musculoskeletal problems including joint or back pain ☐	Under the influence of alcohol ☐
Any contagious disease or infections ☐	Any chronic joint problems ☐	If overtired or exhausted ☐
Any undiagnosed illness ☐	Any pain and soreness in muscles caused by trauma or injury ☐	If under the influence of painkilling drugs ☐
Vomiting ☐	Slipped disc ☐	If taking strong painkillers ☐

A medical check-up should be sought before starting an exercise programme especially for people with the following:		
Heart condition or any history of heart disease ☐	Obesity ☐	Any history of lung problems including asthma, bronchitis or emphysema ☐
High blood pressure ☐	Whiplash ☐	Smoker ☐
Any condition treated by a medical practitioner ☐	History of heart problems in the immediate family ☐	Clinical depression ☐
Trapped/pinched nerve (sciatica) ☐	Hypertension ☐	If there has been any past difficulty with exercise ☐
Any inflammatory joint conditions including arthritis, rheumatoid arthritis, osteoarthritis ☐	Diabetic ☐	Pregnancy – medical permission must be sort before continuing ☐
Any neurological disorders including strokes, multiple sclerosis unless medically supervised ☐		

Written permission required by – *Either of which should be attached to the treatment form (Select if/where appropriate):*	
GP/specialist ☐	Client disclaimer ☐

Personal information *(Select if/where appropriate):*				
Muscular/Skeletal problems:	Back ☐	Aches/pain ☐	Stiff joints ☐	Headaches ☐
Digestive problems:	Constipation ☐	Bloating ☐	Liver/gall bladder ☐	Stomach ☐

Circulation:	Heart ☐	Blood pressure ☐	Fluid retention ☐	Tired legs ☐
	Varicose veins ☐	Cellulite ☐	Kidney problems ☐	Cold hands and feet ☐
Gynaecological:	Irregular periods ☐	P.M.T ☐	Menopause ☐	H.R.T ☐
	Pill ☐	Coil ☐	Other:	
Nervous system:	Migraine ☐	Tension ☐	Stress ☐	Depression ☐
Immune system:	Prone to infections ☐	Sore throats ☐	Colds ☐	Chest ☐
	Sinuses ☐			
Regular antibiotic/medication taken?				
If yes, which ones:			Yes ☐	No ☐
Herbal remedies taken?				
If yes, which ones:			Yes ☐	No ☐
Ability to relax:	Good ☐	Moderate ☐	Poor ☐	
Sleep patterns:	Good ☐	Poor ☐	Average no. of hours:	
Do you see natural daylight in your workplace?	Yes ☐	No ☐		
Do you work at a computer?	Yes ☐	No ☐	If yes, how many hours:	
Do you eat regular meals?	Yes ☐	No ☐		
Do you eat in a hurry?	Yes ☐	No ☐		
Do you take food/vitamin supplements?	Yes ☐	No ☐	If yes, which ones:	
How many portions of each of these items does your diet contain per day?	Fresh fruit	Fresh vegetables	Protein and source:	
	Dairy produce	Sweet things	Added salt	Added sugar
How many units of these drinks do you consume per day?	Tea:	Coffee:	Fruit juice:	Water:
	Soft drinks:	Other:		
Do you suffer from food allergies?	Yes ☐	No ☐		

Bingeing?	Yes ☐	No ☐		
Overeating?	Yes ☐	No ☐		
Do you smoke?	Yes ☐	No ☐	How many per day:	
Do you drink alcohol?	Yes ☐	No ☐	How many units per day:	
Do you exercise?	None ☐	Occasional ☐	Irregular ☐	Regular ☐
	Types:			
What is your skin type?	Dry ☐	Oily ☐	Combination ☐	Sensitive ☐
	Dehydrated ☐			
Do you suffer/have suffered from?	Dermatitis ☐	Eczema ☐	Psoriasis ☐	Allergies ☐
	Acne ☐	Hay fever ☐	Asthma ☐	Skin cancer ☐
Stress level is (1-10, 10 being the highest)	At work:		At home:	

iUSP166 – Completed physical activity readiness questionnaire to be included

Details of exercise recommendations	Rationale	Alternatives	Expected progression	Achieved progression

Details of how the client felt during and after each session:

Details of home care advice given after each session:

Overall conclusion of the case study, including recommendations given for futures Pilates exercises, progression and reflective practice:

Client signature: _____

Instructor signature: _____

Date: _____

iUSP166 – Completed physical activity readiness questionnaire to be included

Exercise recommendations	Rationale	Alternatives	Expected progression	Achieved progression

Healthy eating advice:

Details of how the client felt during and after each session:

Details of home care advice given after each session:

Overall conclusion of the case study, including recommendations given for futures Pilates exercises, progression and reflective practice:

Date: _____

Document History

Version	Issue Date	Changes	Role
v1	27/09/2019	First published	Qualifications Administrator