



# Client Enrolment Form

## A. Personal Details:

Name:			
Address:			
Postcode:			
Tel:	Mobile		
	Home		
	Work		
Email:			
Date of Birth:			
Occupation:			
Sports/Hobbies:			
Does your work or sport involve any of the following? <i>(Please tick)</i>	Sitting for long periods	<input type="checkbox"/>	Driving <input type="checkbox"/>
	Standing	<input type="checkbox"/>	Lifting heavy weights <input type="checkbox"/>
	Bending	<input type="checkbox"/>	Any other repetitive action <input type="checkbox"/>

## B. Emergency Contact Details: *(Please refer to the Confirmation section)*

Name:	
Contact Tel No:	

## C. Your Aims:

<p>What do you want to achieve from your Pilates sessions? <i>(Do you have any specific goals?)</i></p>	
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## D. Health Screening:

*Please tick the boxes for any of the following if they apply to you and provide details overleaf.*

1. Have you ever been diagnosed with / treated for any of the following:

- a. Osteo Arthritis
- b. Rheumatoid Arthritis
- c. Fibromyalgia
- d. Asthma / Respiratory Conditions
- e. Heart Disease
- Is there any history of heart problems in your immediate family?
- f. Stroke / Transient Ischemic Attack (TIA)
- g. Multiple Sclerosis
- h. Other Neurological Conditions (e.g. Parkinsons)
- i. Gastric Reflux
- j. Hernia



All information will be treated in the strictest confidence

- k. Glaucoma
  - l. Orthopedic / Joint Problems (spine / shoulder / elbow / wrists / hip / knees / feet) 
    - Hypermobility (*excessive joint mobility*)
    - Facet Joint Syndrome
    - Herniated or Bulging Disc
    - Spondylolisthesis
    - Stenosis
    - Hip or Knee Replacement (*please specify which*)
    - Anterior Cruciate Ligament Knee Injuries
    - Thoracic Outlet Syndrome
    - Rotator Cuff Impingement
    - Adhesive Capsulitis (frozen shoulder)
    - Carpal Tunnel Syndrome
    - Plantar Fasciitis
    - Other bone/joint problem that may be made worse by exercise
  - m. Osteoporosis (or Osteopenia) – *please specify which* 
    - Is there any history of Osteoporosis in your family?
    - (If you ticked either of these boxes, please ask for the **Osteoporosis Supplementary Enrolment Form**)
  - n. Numbness / Tingling / Diminished Sensation
  - o. Epilepsy
  - p. Diabetes
  - q. Cancer (*If you have ever been diagnosed with Breast Cancer please ask for the **Breast Cancer Supplementary Enrolment Form***)
  - r. Other
2. Is Your Blood Pressure? High  Normal  Low
3. Do you smoke? (If 'Yes', how many per day? ..... )
4. Do you suffer from fainting / headaches / migraines / dizziness?
5. Do you have issues with your balance?
6. Do you have issues with your sleep?
7. Are there any movements that cause you pain? (i.e. raising you arms, bending forward or to the side etc.)
8. Are you taking any medication? (*please give details of what they are being used to treat*)
9. Have you had any chronic illness or injuries in the last year?
10. Have you ever been given any remedial exercises? If so, can you briefly describe them?
11. Have you had any operations? (*please provide details including when they took place*)
12. Is there any other reason not yet mentioned that might stop you performing physical exercise?



Please provide additional details to all the above questions you ticked above:

13. Are you / Could you be pregnant?   
(If you ticked this box, please ask for the *Pregnancy Supplementary Enrolment Form*)

14. Please provide details of any prior pregnancies (including year, delivery method):

15. What is your current Activity Level / Exercise Frequency

16. What is your prior movement experience (e.g. Pilates, Yoga, running, gym, dance, swimming, walking etc.)



## E. Privacy Policy

### 1. How We Use your Personal Data

We are committed to protecting your personal data.

We collect data about you through a variety of different methods including:

**Direct interactions:** You may provide data by filling in forms or by communicating with us by post, phone, email or otherwise, including when you:

- Complete a Client Enrolment Form (or specialist forms for Pregnancy, Osteoporosis etc.);
- Complete an Authority & Confirmation Form to allow us to communicate with your therapist;
- Email;
- Text Message;
- Phone / Skype / Facetime;
- Give us information during a session that is added to ongoing note taking during and post-session;
- Give us feedback.

**Third parties:** We may receive personal data about you from various third parties (*with your prior approval*), as set out below:

- Health-related information from your Physiotherapist / Osteopath / Chiropractor

We will use your sensitive personal data (that is the data you completed in **Section D** for the purposes of providing our services to you or if we need to comply with a legal obligation).

We will use your non-sensitive personal data to (i) register you as a new client, (ii) record Emergency Contact Details (iii) manage payment, (iv) to manage our relationship with you, (v) send you details of new services we may offer in the future

Our legal grounds for processing your data are in relation to points (i) (iii) (iv) above are for performance of a contract with you and in relation to (ii) above for our legitimate interests to provide you with a complete service and (v) above, necessary for our legitimate interests to develop our products/services and grow our business.

We will not share your details with third parties for marketing purposes except with your express consent.

### 2. Disclosure of your Personal Data

We may have to share your personal data with (i) to other professionals for the purposes of discussing your treatment (with your prior approval) (ii) professional advisors including accountants and insurers (iii) HMRC and other regulatory authorities

We require all of these third parties to whom we transfer your data to respect the security of your personal data and to treat it in accordance with the law. They are only allowed to process your personal data on our instructions.

### 3. International Transfers

Some of our third party providers are businesses outside of the UK in countries which do not always offer the same levels of protection for your personal data. We do our best to ensure a similar degree of security by ensuring that contracts, code of conduct or certification are in place which give your personal data the same protection it has within the UK. If we are not able to do so, we will request your explicit consent to the transfer and you can withdraw this consent at any time.

### 4. Data Security

Protecting your data is important to us and we have put in place security measures to prevent your personal data from being accidentally lost, used or accessed in an unauthorised way, altered or disclosed. In addition, we limit access to your personal data to those third parties who have a business need to know such data. They will only process your personal data on our instructions and they are subject to a duty of confidentiality.

We have put in place procedures to deal with any suspected personal data breaches and will notify you and any applicable

regulator of a breach.

In certain circumstances you can ask us to delete your data. See the section entitled 'Your Rights' below for more information.

### 5. Data Retention

We will only keep your personal data for as long as is necessary to fulfil the purposes for which we collected it.

We may retain your data to satisfy any legal, insurance, accounting, or reporting requirements. It is an obligation to our Insurers that we retain all personal data including Contact, Identity and Sensitive Data for a minimum of seven years from the date of the last session provided by us.

We may anonymise your personal data (so that you can no longer be identified from such data) for research or statistical purposes in which case we may use this information indefinitely without further notice to you.

You have the right to ask us to delete the personal data we hold about you in certain circumstances. See section 6 below.

### 6. Your Rights

You are able to exercise certain rights in relation to your personal data that we process. These are set out in more detail at

<https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/>

In relation to a Subject Access Right request, you may request that we inform you of the data we hold about you and how we process it. We will not charge a fee for responding to this request unless your request is clearly unfounded, repetitive or excessive in which case we may charge a reasonable fee or decline to respond.

We will, in most cases, reply within one month of the date of the request unless your request is complex or you have made a large number of requests in which case we will notify you of any delay and will in any event reply within 3 months.

If you wish to make a Subject Access Request, please send the request to **rob@gatewaytobalance.co.uk** marked for the attention of the Data Compliance Officer.

### 7. Keeping your Data Up To Date

We have a duty to keep your personal data up to date and accurate so from time to time we will contact you to ask you to confirm that your personal data is still accurate and up to date.

If there are any changes to your personal data please let us know as soon as possible by writing to or emailing the addresses set out in section 6 above.

### 8. Complaints

We are committed to protecting your personal data but if for some reason you are not happy with any aspect of how we collect and use your data, you have the right to complain to the Information Commissioner's Office (ICO), the UK supervisory authority for data protection issues ([www.ico.org.uk](http://www.ico.org.uk)).

We should be grateful if you would contact us first if you do have a complaint so that we can try to resolve it for you.

We may change this Privacy Notice from time to time and shall notify you of any changes.

Version 2.0 (18<sup>th</sup> June 2021)



## F. Referrals:

Have you been referred by a medical / specialist practitioner?

*If you ticked the box above:*

a) Please give details of the Practitioner who referred you:

Name:	
Practice Name:	
Email:	
Tel No:	

b) Does the teacher have your permission to communicate with your practitioner to discuss your health in relation to your Pilates sessions?

## G. Confirmation:

Pilates exercises are very safe but, as with all forms of physical exercise, you are recommended to consult with your doctor before starting sessions. These sessions are not a substitute for medical counselling or treatment. If you have any doubts about the suitability of the exercises, you should refer back to your medical practitioner.

Please advise the teacher before commencing a session if for any reason your ability to exercise has changed.

Pain is the body's warning system and should not be ignored. Please inform your teacher immediately if you feel any discomfort during a session. Please also inform your teacher if you felt any discomfort following a previous session.

It is inadvisable to do Pilates between weeks 8 to 14 of pregnancy, unless by special arrangement with your teacher. It is also wise to wait at least six weeks after the birth before resuming exercise (if normal delivery)

If you take any Emergency Medication (e.g. asthma inhaler, angina spray, EpiPen etc.) please ensure that you bring them to all lessons/classes.

The teacher cannot accept liability for personal injury related to participation in a session if:

- Your doctor has, on health grounds, advised you against such exercise.
- You fail to observe instructions on safety or technique.
- You fail to mention an existing medical condition(s) or changes to your health in subsequent sessions.
- Such injury is caused by the negligence of another participant in the class/studio.

Please note the instructor operates a 24-hour notice cancellation policy for private lessons.

I understand that Pilates exercises involve hands-on correction and I hereby consent for my teacher to work in this way.

I have confirmed with my Emergency Contact that they are happy to share their personal details including their contact number

I am happy to be contacted by **Email** to arrange appointments & discuss my health in relation to my Pilates sessions

I am happy to be contacted by **Phone** to arrange appointments & discuss my health in relation to my Pilates sessions

I am happy to be contacted by **SMS/Text Message** to arrange appointments & discuss my health in relation to my Pilates sessions

I am happy to be contacted by email to inform me about new skills or services offered by my teacher (*you may withdraw your consent at anytime by emailing [rob@gatewaytobalance.co.uk](mailto:rob@gatewaytobalance.co.uk)*)

I confirm that I have read and understood the above statements & that the information given is correct to the best of my knowledge. By signing below, I explicitly consent to us processing the personal data I have included in this form in accordance with our Privacy Policy that is set out overleaf.

Signed:

Date: