

# A Sense of Balance



## CONFIDENTIAL CLIENT RECORD FORM

Mr/Mrs/Miss/Ms\*    FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ POSTCODE: \_\_\_\_\_  
MOBILE No: \_\_\_\_\_ HOME Tel No (optional): \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel no: \_\_\_\_\_

### CLIENT MEDICAL HISTORY

Have you had to visit a DOCTOR, CONSULTANT or PHYSICAL THERAPIST (eg. OSTEOPATH, PHYSIOTHERAPIST etc) within the last 6 months regarding a physical issue? **YES/NO**

If YES, please give brief details: \_\_\_\_\_

Are you currently taking any regular medications? \_\_\_\_\_

### DO YOU CURRENTLY HAVE/HAVE YOU HAD IN THE LAST 6 MTHS ANY OF THE FOLLOWING?

Musculo-Skeletal issues (eg. strains, sprains, fractures, arthritis, tendonitis etc):	<b>YES / NO</b>
Circulatory issues (eg. heart condition, high or low blood pressure, varicose veins etc):	<b>YES / NO</b>
Neurological issues (eg. epilepsy, sciatica, MS, Parkinson's, neuralgia etc):	<b>YES / NO</b>
Skin conditions (eg. eczema, athletes foot, psoriasis, verruca or warts):	<b>YES / NO</b>
Respiratory conditions (eg. asthma, pneumonia, bronchitis, sinusitis, cough etc):	<b>YES / NO</b>
Immune system issues (eg. HIV, AIDS, cancer, rheumatoid arthritis etc):	<b>YES / NO</b>
Digestive problems (eg. Crohns, IBS, constipation, diarrhoea):	<b>YES / NO</b>

Have you done Yoga/Pilates before?                      YOGA? **YES/NO**                      PILATES? **YES/NO.**  
If YES, how long for and how long ago? \_\_\_\_\_  
CURRENT OCCUPATION: \_\_\_\_\_  
CURRENT EXERCISE / WELLBEING ROUTINE: \_\_\_\_\_  
\_\_\_\_\_

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### DISCLAIMER

Your wellbeing is of utmost importance to me and therefore it is essential that you inform me of any health issues that could potentially affect your ability to take part in my Yoga or Pilates classes or event. If in doubt as to whether it's relevant or not, please err on the side of caution and tell me anyway. Every endeavour will be made to ensure that your practice is appropriate for you, however, in a group setting it's important to state that you take full responsibility for your own health and wellbeing.

### PAYMENTS

Once a booking has been made through the booking system and payment received, you are then committing yourself to attend the chosen classes, workshop or event. Please note the following terms and condition regarding cancellations and refunds.

- Advance payments for a half term of classes will be only be refunded in the event of there being extenuating circumstances (e.g. longer term injury or illness), and issued entirely at my discretion. Class Credits towards the next booking may be offered. Cancellation via the booking system can be made up to **24 hrs before** the first class of that half term for a full refund, however after this time no refunds will be payable (unless extenuation circumstance exist - see above).
- Advance booking and payments for workshops or events have their own cancellation policies, so please refer to the specific event for this information.

### DATA PROTECTION

All information gathered through the booking process is treated as confidential and will not be shared with a third party. The only exception to this rule is that I may, from time to time, need to have a cover teacher taking the class for me, in which case I would need to share relevant health information with them about you to ensure your continued wellbeing and safety. Data collected via my online booking system is stored securely within it (currently [www.bookwhen.com](http://www.bookwhen.com)) and can only be viewed by me. Data collected via my Client Record Form will be securely stored either via an online protected storage system or via hard paper copy kept securely within a locked filing cabinet within my house. By signing this disclaimer you are agreeing to your data being added to stored by me. Your data is kept for 7 years after your last class or event with me, as stipulated by my insurance company.

By signing this disclaimer you are agreeing to your email being used by me as A Sense of Balance to inform you of class changes and news relating to the service you have booked via the Bookwhen booking system. For service updates and news that may be of interest to you, I will be using a secure permission-based email system (MailChimp). **Once this is up and running, you will receive an email from A Sense of Balance to Opt-In to my email mailing list. If you would like to join my mailing list, then please confirm your subscription via email.** You can change your subscription preferences at any time.

Full details of my Data Protection and Privacy statement will be available via my Facebook page, and in due course via my website.

**I confirm that the information provided above is accurate to the best of my knowledge, and that I will inform the teacher of any new issues or changes to this information as or when they arise. I consent to my personal details being added to the Bookwhen booking system. This is to enable A Sense of Balance to process my bookings and keep a central, secure record of my details, as stated on this form. I understand that this paper form will then be securely stored whilst I am an active customer of A Sense of Balance and then for 7 years thereafter for insurance purposes.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Teachers signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_