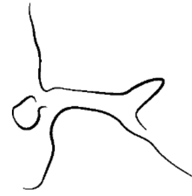
Admin use
Assessment date ______________________________
Mailchimp & SBO______________________________



THINK SILVER STUDIO

Questionnaire (Your information will remain confidential.)

Title Mr/Mrs/Miss:	Mobile/Cell:
First name:	Email:
Family name:	Date of birth: Age:
Address:	Occupation:
	How did you find out about us?
	Who referred you?
Postal code:	
Home tel:	In case of emergency. Contact person:
Work tel:	

(please circle relevant) Have you practiced Pilates before? **Yes / No** If you have done Pilates before please indicate: **Matwork / Equipment / How many sessions:…….** Have you practiced Nia before? **Yes / No** Have you practiced Breathing-fitness/Nirvana before? **Yes / No** Have you experienced massage? Yes/No If so what type of massage?......................................

QUICK CHECK CURRENT HEALTH STATUS (tick below any concerns relevant to you)

	If yes, please give details:		Where applicable please provide brief explanation:
	Injuries		Major accident (eg. Motor vehicule)
	Diabetes		
	High blood pressure (HBP)		Have you had any major surgery?
	If high, what medication?		
	Cardiac/heart problems		Have you had any bone or stress fracture?
	Epilepsy		
	If yes, have your seizures been stabilized on medication?		Have you had any knee/hip problems?
	Asthma		Have you had any shoulder/elbow problems?
	Suffer from shortness of breath/dizziness during exercise		Have you been diagnosed with hypermobility?
	Osteoporosis		Have you had any other muscle/ligament problem?
	Joint replacement		
	If yes, specify:		Have you had any neck problems? (Whiplash)
	Longstanding medical condition (eg. Parkinsons, MS, ME)		
	Digestive complaints		Have you had any lower back problems?
	Any form of cancer		Please indicate previous episodes of back pain:
	Pregnant		

WAIVER applies to all three pages: (1) I, __________________________________, have volunteered to participate in a program of physical exercise or massage at Think silver studio. I hereby waiver Think silver studio, its staff and its instructors from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program or bodywork including any injuries resulting there from. (2) I understand and am aware that all exercise including: strength, toning, core, flexibility and aerobic exercise, also including the use of equipment, or bodywork is a potentially hazardous activity if I am not mindful of my body. I also understand that fitness activities involve a risk of injury, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. (3) I hereby agree to expressly assume and accept any and all risks of injury. (4) There is no reason to my knowledge that I am unable to participate in any of the activities or bodywork offered at Think silver studio.

STUDIO & BODY THERAPY GUIDELINES: (1) Class or Massage appointment cancellation policy: 18hrs prior. (2) Inform instructor/therapist of any new injuries, current conditions or ill health BEFORE you start your session. (3) For Group sessions: Switch cell phones off (except with prior arrangement) (4) You are in control of your workouts or bodywork flow. If an exercise or treatment is uncomfortable or painful, or if you want to stop for any reason, please do so. (6) Arrive 5 min before your session.

Client's Name (please print): ___________________ Signature_________________________ Date: ______________

Section 2:

What is your occupation? What do you typically do daily?
What are your goals? What do you want most from your time at Think Silver studio?
Do you have any injuries, aches and pains? (recent or old) Please explain.
Are you active? If so what sports, activity or exercise?
Times per week:
Minutes per session:
Additional comments:

Massage questionnaire

Fill out this part of the form if you intend to experience our amazing body work practitioners too. This will serve that you need not fill in an additional form for that when you attend your body work session.

Possible Contraindications to receiving a massage. To be discussed with your Body worker or Instructor.

	Fever			Abdomen (first few days of menstruation depending on how you feel)
	Contagious or infections disease			Hematoma
	Under influence of drugs or alcohol			Hernia
	Diarrhea and vomiting			Recent fractures (min 3 months)
	Skin disease			Gastric Ulcers
	Localized swelling			After a heavy meal.
	Inflammation			Conditions affecting the neck
	Varicose veins			Any metal pins or plates
	Pregnancy			Loss of skin sensation
	Bruises			Pacemaker
	Scar tissues (2yrs for major operation & 6 months for small scar)			Body piercing
	Sunburn			Excessive arrhythmia

Personal Information – You are the biggest common factor in movement, therapy and healing: massage and body work is an exchange of information & communication to optimize the outcome and to fully tune into your body. So beyond this form keep communicating with us during your sessions and remember to let us know if anything new or different arises in your body.

"Each day can be different in our bodies. Lets remain curious on this journey of self discovery, healing and listening." Jeanne

Muscular skeletal problems

	Back			Aches/pains
	Stiff joints			Headaches

Digestive problems

	Constipation			Bloating
	Liver/Gall bladder			Stomach

Circulation

	Heart			Blood pressure
	Fluid retention			Tired legs
	Varicose veins			Cellulite

Gynaecological

	Irregular periods			Menopause

Nervous system

	Migraine			Tension
	Stress			Depression

Immune system

	Prone to infections			Sore throat
	Colds Sinuses			Chest

Regular antibiotic/medication taken:
Herbal remedies taken:

Ability to relax

	Good			Moderate
	Poor			

Sleep patterns

	Good			Poor
	Average number of hours:			

Do you see daylight in your workplace?		Yes			No
Do you work on or at a computer?		Yes			No
Do you eat regular meals?		Yes			No
Do you eat in a hurry?		Yes			No
Do you take any food/vitamin supplements?		Yes			No
Do you smoke?		No			Yes (#: _______)
Do you drink Alcohol?		No			Yes (#: _______)

Do you exercise?

	None			Occasional
	Irregular			Regular
	Types of exercise:			

What skin type are you?

	Dry			Oily
	Combination			Sensitive
	Dehydrated			

Do you suffer/have you suffered from:

	Dermatitis			Acne
	Eczema			Psoriasis

Allergies

	Hayfever			Asthma
	Skin cancer			

Stress levels 1 – 10 (10 being the highest)
At work ____ At home ____

Your information is safe with us. This information solely serves us to serve you in our best capacity. We look forward to walking this beautiful body & being journey with you.

I also understand that (Please initial):
_____ The scheduling and content of activities at Think Silver studio may be changed on occasion. Please remain up to date on www.thinksilver.co.za and our social media platforms are also accessible through the website.
_____ I will notify instructors/body workers/therapists immediately of any pain and/or major discomfort felt during any activity.
_____ If I am pregnant of plan to become pregnant during course of the Activity, I will inform the studio/therapist or body worker.
_____I am aware that I can ask for a photograph of this form sent to me via email or whatsapp so that I can refer to this.

By signing below, Participant accepts and agrees to the terms and provisions contained in this agreement
Pariticpant Signature____ Date ___________________________________