

Pilates Registration Form

Personal Details

Title:	Name:		
DOB:	Gender:		
Address:			
Town:		Postcode:	
Telephone:		E-mail:	
Referral Source:			
<input type="checkbox"/> May we keep you up to date via e-mail on our latest news & offers?			

Informing Your GP

Please complete the following information if you are happy for us to contact your GP.

GP Name:
Address:

Your Pilates Aims

Why have you decided to commence Pilates?:

Have you practised Pilates before?: YES NO

If yes, how many classes have you attended: 0-5 5-10 10-20 20+

What aspect of your health would you like to concentrate on?:

<input type="checkbox"/> Core Stability	<input type="checkbox"/> Flexibility	<input type="checkbox"/> Posture
<input type="checkbox"/> Strength	<input type="checkbox"/> Stress Management	<input type="checkbox"/> Relaxation
<input type="checkbox"/> Other – please specify:		

Your Lifestyle

What is your occupation:

Does your occupation involve any repetitive movement or prolonged postures? If so, please explain:

What other sports/hobbies are you involved in?:

Your Health

Are you currently experiencing any of the following conditions?:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Low back pain | <input type="checkbox"/> Pelvic pain | <input type="checkbox"/> Other spinal condition | <input type="checkbox"/> Other orthopaedic condition |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> High or low blood pressure | <input type="checkbox"/> Epilepsy (grand & mal seizures) | <input type="checkbox"/> Osteoporosis |

If you have ticked any of the conditions above, please give further detail:

Are you pregnant?: If so, how many weeks pregnant are you:

Have you had any complications with your pregnancy?:

Have you ever had an episode of low back pain?

If so, how many previous episodes of low back pain have you had?

Have you had any recent injuries or surgery?

If so, please give details:

Please indicate if you have been diagnosed or treated for any of the the following conditions:

- | | | | |
|-------------------------------------|-------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Stroke | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Cancer | <input type="checkbox"/> Dermatitis |

Consent

The Pilates program will begin at a low level and will be advanced in stages depending on your fitness level. We may stop the exercise session because of signs of fatigue or excessive strain. It is important for you to realise that you may stop when you wish because of feelings of fatigue or any other discomfort.

There exists the possibility of certain dangers when exercising. They include abnormal blood pressure, fainting, irregular, fast or slow heart rhythm, and in rare instances, heart attack, stroke or death. Whilst every care will be taken, it is impossible to predict the body's exact response to exercise. Every effort will be made to minimise these risks by evaluation of preliminary information relating to your health and fitness and by observations during exercising. Trained personnel are available to deal with unusual situations that may arise.

I Understand that with certain conditions a degree of undressing may be required during the assessment, and that the Pilates instructor will explain this to me at the time. I understand that the Pilates programme will be specifically designed as a personal training plan, and will take into account details given in my health questionnaire and assessment. Therefore, this programme of exercise should only be undertaken when in a Pilates class, or when I have been given specific instructions to exercise on my own.

Cancellation Policy

Clients are required to give 24 hours advance notice of their inability to attend, otherwise they will be charged in full for the appointment if they fail to attend. Classes book in pre-paid terms cannot be refunded but alternative dates and times to catch up the missed session will be offered.

Signature:

Date: