



Pilates Registration Form

Title: Name:	General Client Details		Teacher : Laura Latham
Email Address: GP Name: Emergency contact Name: Where did you hear about the class? Pilates Aims Why have you decided to commence Pilates? What aspect of your health would you like to concentrate on? Circle all that apply Core stability Flexibility Stress management Relaxation What is your main aim? Lifestyle What is your occupation? Does your occupation involve repetitive movement or prolonged postures? If so, please briefly explain			
Emergency contact Name:	Email Address:		
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explain	What is your occupation?		
What other sports and/or hobbies are you involved in?			ged postures? If so, please briefly
	What other sports and/or ho	bbies are you involved in?	





Pilates Registration Form

	Health Questionnaire					
	1)Are you currently experiencing any of the following conditions? If YES please give details including any medication you bring with you to class					
	☐ Heart problems	,				
	. ☐ High or Low Blood pressure					
	☐ Epilepsy					
	☐ Allergies					
	☐ Glaucoma					
	☐ Osteoporosis/recent fractures					
	2a) Are you pregnant? Yes N	lo N/A If YES h	now many weeks? weeks	_		
	2b) Any complications in your pregnancy? 3a) Have you ever had an episode of low back pain?? Yes No 3b) If yes how many previous episodes of low back pain? 3c) Please outline your back pain diagnosis if applicable 3d) Have you seen health professional regarding your low back pain?					
	4) Have you had any recent injuries or surgery?					
5) Circle any of the following conditions that you have been diagnosed with or have had treatment for						
	Asthma Arthritis		Diabetes			
	Depression Bronchi	tis Cancer	Dermatitis	_		
Pilates Participation Informed Consent The Pilates programme will begin at a low level and advanced in stages depending on your fitness level. We may stop the 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 even 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. It is essential that you make the instructor aware of any changes to your health as they arise. It is recommended that you discuss with your GP or Health professional prior to commencing any new exercise programme. I understand that the Pilates programme will take into account my health questionnaire and 1:1 assessment if I choose to have one. 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. I understand that as I will be attending as part of a class and that the exercise program will not be						
	specifically designed to my individual needs. I understand that the information in this questionnaire may be shared with cover teachers but will otherwise be kept confidential.					
	Signan: Drint i	14F16.	Date· / /			