

Pilates Class Enrolment Form

Name:

Address:

Postcode:

Telephone No. (home or work):

Mobile:

Email address:

Date of Birth:

GP Name & Address:

Were you referred here by a medical practitioner? Yes / No

If not, please state how you heard of us:

We may wish to write to your GP to inform them you are taking part in one of our classes, to give a summary of the treatment you have received from us, if we have any particular concerns about your health or your suitability to exercise, if we feel they need to order any tests or investigations for you or that you need to be referred onto a particular health care team, or if we feel you may benefit from being prescribed a particular medication.

Do you give permission for us to contact your GP? Yes / No

PILATES AIMS

Have you done Pilates before?

If you have done Pilates before please let us know where and how much you have done.

Why have you decided to start Pilates?

What aspect of your Health would you like to concentrate on?

Core Stability

Flexibility

Posture

Toning

Stress Management

Strength

Relaxation

Pain relief

What are the 3 main aims that you are hoping to achieve in your Pilates program?

1)

2)

3)

LIFESTYLE

What is your occupation?

Does your occupation involve any repetitive movements or prolonged postures? Yes / No

If yes please give details:

What other sports and hobbies are you involved with (*if none please state none*)?

HEALTH QUESTIONNAIRE

1) Are you currently experiencing any of the following conditions? (if yes, please give details)

Low back pain	Yes / No
Pelvic pain	Yes / No
Neck pain	Yes / No
Pain or restricted movement in any other joints?	Yes / No
Hypermobility (excessive joint mobility)?	Yes / No
Any other spinal conditions	Yes / No
Any other orthopaedic conditions	Yes / No
Heart problems	Yes / No
High or low blood pressure	Yes / No
Epilepsy	Yes / No
Chest pains	Yes / No
Dizziness	Yes / No
Spondylolisthesis (this is a fracture of the spine where the bone has slipped forwards)	Yes / No
Rheumatoid Arthritis (This is an autoimmune disease that affects the lining of the joint and is different from osteoarthritis which is the more common form of arthritis)	Yes / No
Have you ever had a Hip Replacement	Yes / No

If you answered yes for any of the above questions please give details:

2) Are you pregnant or have you had a baby in the last 6 months? Yes / No

If yes how many weeks pregnant/post-delivery?

3) Have you had any complications with your pregnancy? Yes / No If yes please give details

4) Have you ever had an episode of low back pain? Yes / No

5) If yes, how many previous episodes of low back pain have you had?

6) Have you had any recent injuries or surgery (***If none state none***)? If yes please give details

7) Have you ever been diagnosed with osteoporosis (thinning of the bones): Yes / No

If yes how many broken bones/fractures have you had (***If none state none***)?

8) Have you ever been diagnosed with or received treatment for any of the following conditions:

Asthma Yes / No	Arthritis Yes / No	Stroke Yes / No	Depression Yes / No
Diabetes Yes / No	Bronchitis Yes / No	Cancer Yes / No	Dermatitis Yes / No
Osteopenia Yes / No			

9) Do you have any other medical conditions not mentioned above? (***If none state none***)?

10) Please list any regular medication you currently take (*If none state none*)?

11) Are there any movements that cause you pain? (e.g. raising your arms, bending forward or to the side etc.) (*If none state none*)?

12) Do you suffer from stress incontinence? Yes / No If yes please give details

13) Do you get any pain if you stay in any of the following positions for more than 20 minutes: Lying on your back, side lying, lying on your front or standing up. Yes / No If yes please give details

14) Do you have any problems getting on to or off the floor? Yes / No If yes please give details

Data Protection

Here at PhysioPilates Carlisle Ltd we take your privacy seriously. We only use your personal data to provide you with the services (e.g Physiotherapy, PhysioPilates, Nordic Walking) that you have requested from us safely, efficiently and effectively. PhysioPilates Carlisle Ltd has a Data Privacy Policy which can be found at on our website, displayed in the waiting area at our clinic and studio and if you received this by email a copy of the privacy policy will have also been emailed to you. Your data will be stored and used in accordance with this Policy.

PILATES PARTICIPANT INFORMED 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 and/or excessive strain. It is important for you to realise that you may stop when you wish because of feelings of fatigue or any 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 risks by evaluating the preliminary information relating to your health and fitness and by observing you exercising. As with all forms of physical exercise, it is prudent to consult your doctor before starting classes, we particularly recommend this if you have any doubts about your health or suitability to do the exercises.

Exercise should be performed at a pace which feels comfortable for you. PAIN is the body's warning system and should NOT BE IGNORED. Please inform your instructor immediately if you feel any discomfort during a session. Please also inform your instructor if you felt any discomfort after a previous session.

Signed

Date

Please return to:

By email to: physiopilatescarlisle@gmail.com

For Instructor's use