

PILATES REGISTRATION FORM

General Client Details

Assessed by: _____

Title: _____	Name: _____	Date of Birth: _____
Address: _____		
Post Code: _____		
Home Phone: _____	Work Phone: _____	Mobile Phone: _____
Email Address: _____		Gender _____
GP Name and Address: _____		
Post Code: _____		

Pilates Aims

Why have you decided to commence Pilates? _____

What aspects of your health would you like to concentrate on?

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"/>

What are the three main aims that you are hoping to achieve with Pilates?

1) _____

2) _____

3) _____

Lifestyle

What is your occupation? _____

Does your occupation involve any repetitive movements or prolonged postures? If so, please explain briefly

What other sports and/or hobbies are you involved in? _____

Health Questionnaire

1) Are you currently experiencing any of the following conditions - If YES please give further

Low Back Pain	Yes	No
Pelvic Pain	Yes	No
Any other spinal condition	Yes	No
Any other orthopaedic condition	Yes	No
Heart problems	Yes	No
High or low blood pressure	Yes	No
Epilepsy (Grand mal seizures)	Yes	No

2) Are you pregnant? If yes, how many weeks pregnant are you? _____ Yes No

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

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 yes, please give details _____ Yes No

7) Circle any of the following conditions you have been diagnosed with or have had treatment for:

Asthma Arthritis Stroke Diabetes
 Depression Bronchitis Cancer Dermatitis

PILATES PARTICIPATION 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 or excessive strain. It's 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 bodies 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 exercise. Emergency equipment and trained personnel are available to deal with unusual situations that may arise.

I understand that the Pilates program will take into account the details given in my health questionnaire. This program of exercise should only be undertaken when in a Pilates class, or when I have been given specific instructions to exercise on my own.

THIS INFORMATION IS PROTECTED BY THE DATA PROTECTION ACT 2018

SIGNED _____ DATE _____