



PILATES
For Health

Pilates Registration Form

Name: (Please print)

DOB: / /

Address:

..... Postcode:

Telephone Home:

Mobile Number:

Email Address:

GP Name:

GP Number:

GP Address:

..... Postcode:

Emergency Contact Name:

Emergency Contact Telephone number:

How did you hear about Pilates For Health classes?

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Have you done Pilates before?

- ☐ No
☐ Yes

How would you describe your ability?

- ☐ Beginner
☐ Intermediate
☐ Advanced

Your Pilates Aims

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

1:

2:

3:

Please tick what aspect/s of your health would you like to concentrate on?

- ☐ Core stability
- ☐ Flexibility
- ☐ Posture
- ☐ Strength
- ☐ Stress management
- ☐ Relaxation

Lifestyle

What is your occupation?

Does your occupation involve any repetitive movements or prolonged postures?

- ☐ No
- ☐ Yes

If yes, please explain what:

Do you engage in any exercise or sport?

- ☐ No
- ☐ Yes

If yes, please explain what and how often?

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Are you involved in any other hobbies (Please describe)?

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