

## Pilates Registration Form

Title: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel. Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work: \_\_\_\_\_ E-mail: \_\_\_\_\_

GP Name & address: \_\_\_\_\_

How did you find out about our Pilates classes? \_\_\_\_\_

### **Pilates Aims**

Why have you decided to commence Pilates? \_\_\_\_\_

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

Core stability	Flexibility	Posture	Strength
Stress management	Relaxation	Toning	

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

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### **Lifestyle**

Are you currently working? If so what is your occupation? \_\_\_\_\_

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

Are you involved with any other sports and/or hobbies? If yes, please briefly outline.

**Medical Questionnaire**

1. Are you currently experiencing **OR** ever been diagnosed with any of the following conditions?

Back pain	Yes	No	Details.
Pain at the front or back of your pelvis	Yes	No	Details.
Any other muscle or joint condition	Yes	No	Details.
Heart problems	Yes	No	Details.
High or low blood pressure	Yes	No	Details.
Circulatory problems e.g. Blood clots	Yes	No	Details.
Diabetes	Yes	No	Details.
Any other spinal condition	Yes	No	Details.
Any other orthopaedic condition	Yes	No	Details.
Epilepsy (Grand mal seizure)	Yes	No	Details.

2. Are you pregnant? If yes, how many weeks pregnant are you? Yes/No \_\_\_\_\_

Please let your instructor know if you become pregnant during the course of classes.

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? Yes/No

If yes please give details. \_\_\_\_\_

7. Please circle any of the following conditions that 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. Pilates sessions may be stopped because of signs of fatigue or 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 by observations during exercising. Emergency equipment and 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 program 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.

**Please note a full fee may be applicable if less than 24 hours notice is not given for all cancellations.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_