

Pilates Registration Form

Client Details

Name: _____ Date of Birth: _____

Address: _____

Postcode: _____

Telephone: _____ Email: _____

GP name and Address: _____

Please state how you heard of us: _____

Pilates Aims

Why have you decided to commence Pilates? _____

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

Core Stability
Strength

Flexibility
Stress Management

Posture
Relaxation

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

1) _____

2) _____

3) _____

Lifestyle

Occupation: _____

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

What other sports and hobbies are you involved in? _____

Health Questionnaire

- 1) Are you currently experiencing any of the following conditions?

Low back pain	Yes	No	Details _____
Pelvic Pain	Yes	No	Details _____
Any other spinal condition	Yes	No	Details _____
Any other orthopaedic condition	Yes	No	Details _____
Heart Problems	Yes	No	Details _____
High or low blood pressure	Yes	No	Details _____
Epilepsy	Yes	No	Details _____
- 2) Are you pregnant? If yes how many weeks? Yes No Weeks _____
- 3) Have you ever had any complications with pregnancy? Yes No Details: _____
- 4) Have you ever had an episode of back pain? Yes No
- 5) If yes how many episodes of low back pain have you had?
- 6) Have you had any recent injuries or surgery? Yes No Details
- 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 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 and 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 fitness and by observations during exercising.

I understand that the Pilates program will be designed as a training plan and will take into account details given in my health questionnaire and assessment. Therefore, this program should only be undertaken when in a Pilates class, or when I have been given specific instructions to exercise on my own.

Signed: _____

Date: _____