

**PILATES REGISTRATION FORM**

**General Client Details**

Assessed by:

Client Name:

Date of Birth:

Address:

Postcode:

Telephone: Home:

Work:

e-mail:

GP name & Address:

**Pilates Aims**

Have you done Pilates before?

Why have you decided to commence Pilates?

What aspect of your health would you like to concentrate on? (please circle)

Core stability

Flexibility

Posture

Toning

Strength

Stress management

Relaxation

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

1)

2)

3)

**Lifestyle**

What is your occupation?

Does your occupation involve any repetitive movements or prolonged postures?

If yes please give brief explanation.

What other hobbies or sports are you involved with?

## Health Questionnaire

Are you currently experiencing any of the following conditions? (Please circle as appropriate)

- |   |                                 |     |    |
|---|---------------------------------|-----|----|
| 1 | Low back pain                   | Yes | No |
| 2 | Pelvic Pain                     | Yes | No |
| 3 | Any other spinal condition      | Yes | No |
| 4 | Any other orthopaedic condition | Yes | No |
| 5 | Heart problems                  | Yes | No |
| 6 | High or low blood pressure      | Yes | No |
| 7 | Epilepsy (Grand mal seizures)   | Yes | No |

If you have answered yes to any of the above please give further detail

- 2) Are you pregnant? Yes No

If yes, how many weeks pregnant are you?

If yes, have you had any complications in your pregnancy? Please give details.

- 3) Have you ever had an episode of low back pain?

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

- 4) Have you had any recent injuries or surgery? If yes please give details.

- 5) Have you been diagnosed with or have had treatment for any of the following conditions:  
(Please circle as appropriate)

Asthma	Arthritis	Stroke	Diabetes
Depression	Bronchitis	Cancer	Dermatitis

### Pilates Participation Informed Consent

The pilates programme will begin at a low level and will be advanced in stages depending on your fitness level. We may stop an 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 a 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 fitness and by observations during exercising. 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 introductory session/assessment, and that the pilates instructor will explain this to me at the time. I understand that the Pilates programme 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.

**This information is protected by the Data Protection Act 1984.**

**Signed:**

**Date:**