

fionacarlepilates

Pilates Class Registration Form

Personal Details

Title:	First Name:	Surname:
DOB:		
Address:		
Town:	Postcode:	
Phone:	Email:	
How did you hear about us?		
Are you happy to be contacted by: Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Please tick any that apply.		
May we keep you up to date via e-mail on our latest news & offers? Yes/No		

Informing Your GP

Please complete the following information if you are happy for us to contact your GP, if necessary.

GP Name:
Address:

Your Pilates Aims

Why have you decided to commence Pilates?				
Have you practiced Pilates before?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, how many classes have you attended?	<input type="checkbox"/> 0-5	<input type="checkbox"/> 5-10	<input type="checkbox"/> 10-20	<input type="checkbox"/> 20+
Which aspect of your health would you like to concentrate on? Please tick any that apply.				
<input type="checkbox"/> 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"/> Other – please specify				

Your Lifestyle

What is your occupation?
Does your occupation involve any repetitive movement or prolonged posture? If so, please explain.
Which sports/hobbies are you involved in?

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Your Health

Are you currently experiencing any of the following conditions?

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Low back pain | <input type="checkbox"/> Pelvic pain | <input type="checkbox"/> Other spinal conditions | <input type="checkbox"/> Other orthopaedic conditions |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> High or low blood pressure | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Dizziness/fainting | <input type="checkbox"/> Stress/urge incontinence | <input type="checkbox"/> Joint replacements | <input type="checkbox"/> No medical conditions |

If you have ticked any of the conditions above, please give further details:

Are you pregnant? If so, how many weeks pregnant are you?

Have you had any complications with your pregnancy?

Have you ever had an episode of low back pain?

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

Have you had any recent injuries or surgery?

If so, please give details:

Please indicate if you have been diagnosed or treated for any of the following conditions:

- | | | | |
|-------------------------------------|-------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Stroke | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Cancer | <input type="checkbox"/> Dermatitis |

Consent

All the information given is strictly private and confidential. The Pilates program will begin at a low level and will be advanced in stages depending on your fitness level. You may stop at any time during the class, especially if you have feelings of excessive fatigue or discomfort. If, for any reason, your ability to exercise has changed at the beginning, or during the class, for medical reasons, you must advise the instructor. All exercise carries a certain risk of injury

There exists the possibility of certain dangers whilst exercising. They may include abnormal blood pressure, fainting, irregular, fast or slow heart rhythm and in very rare instances, heart attack or stroke. While every care will be taken, it is impossible to predict the body's exact response. Efforts will be made to minimise these risks by evaluation of preliminary information relating to your health and by observations during exercising.

I understand the Pilates program will be specifically designed as a group training plan, and will take into account details given in my health questionnaire. Therefore, 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.

I have completed a health questionnaire. I accept full responsibility for attending Pilates. I choose to do so at my own risk. I understand that it is my responsibility to inform my Physiotherapist/Pilates Instructor immediately if I am feeling unwell, or if there is any change in my medical condition or health.

Signature	Date
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Additional information and updates: