

# PHYSIOFLOW PILATES REGISTRATION FORM

## Client Details:

Name:

DOB:

Address:

Post code:

Email address:

Telephone Home:

Mobile:

GP Name and Address:

How did you hear about Physioflow Pilates classes?

## Pilates Aims:

Why have you decided to commence Pilates?

Please circle what aspect of your health would you like to concentrate on?

Core stability

Flexibility

Posture

Strength

Stress management

Relaxation:

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

- 1.
- 2.
- 3.

## LIFESTYLE:

If currently working, what is your occupation?

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

What other sports and/or hobbies are you involved in?

Do you compete in any sporting activity?

**Name:**

**Date of Birth:**

**HEALTH QUESTIONNAIRE:**

1. Have you ever had an episode of back pain? Yes/No
2. If **Yes** how many previous episodes of low back pain have you had?
3. Have you **recently** had any injuries or surgery? If yes please give more details and date/year.
4. Are you currently experiencing any of the following conditions? If yes, please provide further details:

Lower back pain	yes /no	Anaemia	yes /no
Pelvic pain	yes /no	Bronchitis	yes /no
Any other spinal pain	yes /no	Joint replacements	yes /no
Heart Problems	Yes /no	High or low blood pressure	yes /no

5. Please circle any of the following conditions that you have been diagnosed with or had treatment for:

Asthma      arthritis      osteoporosis      diabetes      Cancer      Depression  
Epliepsy      Dermatitis      Stroke

6. **Are you Pregnant?**      **Yes / no**      If **yes**, How many weeks are you?

**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 straining. It is important for you to realise that you may stop when you wish because of feelings of fatigues or any 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 fitness and by observations during exercising. If there are any changes to your current health or medication please notify

your Pilates instructor. It is recommended that you discuss with our GP or Health professional prior to commencing any new exercises programme.

I understand that as I will be attending as part of a class and that the exercise programme will not be specifically designed to my individual requirements, although the class instructor will highlight any areas of personal weakness and may suggest areas for self-practice. I have read and understood all the information given to me and completed the registration form in full and consent to take part in a modified Pilates class.

The instructor can accept no liability for personal injury related to the participation in a class if:

1. Your doctor has on health grounds advised you against such exercise.
2. You fail to observe instructions on safety of an exercise.
3. Injury is caused by the negligence of another participant in the class.
4. Misuse of any equipment: Classes may involve the use of equipment such as theraband, small balls or rings,, this is optional and done at your own risk.

**Please note a full Terms payment is required before beginning the class.**

Signed:

Date: