

Wild About Pilates Registration Form / Part 1

Client Details

Title: Full Name: Date of Birth:

Address:

Postcode:

Telephone:

Email:

GP name and address:

Pilates Aims

Why have you decided to do Pilates?

On which aspects of your health would you like to concentrate?

Core stability ☐ Flexibility ☐ Posture ☐

Strength ☐ Stress management ☐ Relaxation ☐

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

1.

2.

3.

Lifestyle

Occupation:

Please provide a brief description of any repetitive movements or prolonged postures required as part of your occupation:

What other sports or hobbies are you involved in?



Wild About Pilates

Modified physio-led Pilates in Macclesfield

07378 166524 | info@wildaboutpilates.co.uk | www.wildaboutpilates.co.uk

Wild About Pilates Registration Form / Part 2

Health Questionnaire

1. Do you currently experience any of the following conditions?

Low back pain	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Pelvic pain	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any other spinal condition	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any other orthopaedic condition	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Heart problems	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
High or low blood pressure	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Epilepsy (Grand mal seizures)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2a. Are you pregnant? If so, how many weeks? Yes No ☐

2b. Have you had any complications with your pregnancy? Yes ☐ No ☐

If yes, please provide details:

3. Have you ever had an episode of low back pain? Yes ☐ No ☐

If yes, how many previous episodes have you had?

4. Have you had any recent injuries or surgeries? Yes ☐ No ☐

If yes, please provide details:

5. Tick any of the following conditions that you have diagnosed with, or had treatment for:

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	<input type="checkbox"/>

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, 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 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 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.

Please note that a full fee may be applicable if less than 24 hours notice is given for cancellations.

THIS INFORMATION IS PROTECTED BY THE DATA PROTECTION ACT 1984

Signed:

Date:



Wild About Pilates

Modified physio-led Pilates in Macclesfield

07378 166524 | info@wildaboutpilates.co.uk | www.wildaboutpilates.co.uk