

Wild About Pilates Registration Form / Part 1

Client Details

Title: Full Name: Date of Birth:

Address:

Postcode:

Telephone:

Email:

GP name and address:

Emergency contact name & phone:

Pilates Aims

Why have you decided to do Pilates?

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

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"/>

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

Lifestyle

Occupation:

Hobbies:

Health Questionnaire

Do you currently experience any of the following conditions?

Low back or pelvic pain	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any other spinal or orthopaedic (joint) condition	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Epilepsy (Grand mal seizures)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you pregnant?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you feel, or suffer with, pain in your chest during physical activity?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
In the past month, have you suffered with chest pain when not doing physical activity?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you suffer from dizziness or ever lose consciousness?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes to any of the above, please provide details:



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Modified physio-led Pilates in Macclesfield

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Wild About Pilates Registration Form / Part 2

Health Questionnaire

Do you have high blood pressure? Yes No

• Do you take medication for this? Yes No

• Is your blood pressure stable? Yes No

Do you have a heart condition? Yes No

• Do you take medication for this? Yes No

• Is your condition stable? Yes No

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

If yes, how many previous episodes have you had?

Do you have osteopenia or osteoporosis? Yes No

Have you had any recent injuries or surgeries? Yes No

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

Asthma Arthritis Stroke Diabetes

Depression Bronchitis Cancer Dermatitis

If yes to any of the above, please provide details:

Do you know of any other reason why you should not exercise?

Pilates Participation Informed Consent

By participating in the classes, you consider yourself fit to exercise. If there is any doubt about your ability to exercise, please consult your doctor or a medical health professional prior to attending. Please answer all health questions correctly and elaborate if necessary. It is your responsibility to inform the instructor of any changes to the health information section of this form, or changes in your ability to exercise.

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 at any time because of feelings of pain, fatigue or any other discomfort. There exists the possibility of certain dangers when exercising. These 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. You are free to withdraw from any activity at any time you wish.

Please inform your trainer if you should not participate in an activity for any reason (such as illness or injury, which might be aggravated by exercise). During your sessions with your trainer present, you will be supervised. During your sessions, where your trainer is not present, you will be responsible for your own safety.

I have read, understood, and completed the health questionnaire. All questions have been answered to the best of my knowledge. I agree to take part in the exercise classes. The purpose, risks, and benefits have been explained to me, and I understand what is required of me and that I may withdraw at any time.

Signed:

Date:



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