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| **PILATES REGISTRATION AND CONSENT FORM** |
| **Contact Details** |
| Name |  |
| Date of Birth |  |
| Address |  |
| Telephone |  |  |
| Email |  |
| GP Name and Address |  |
| **Health Questionnaire** |
| **1. Are you currently experiencing any of the following conditions?** |
| Low back pain | No | Yes | Details |
| Pelvic pain | No | Yes | Details |
| Heart problems | No | Yes | Details |
| High or low blood pressure | No | Yes | Details |
| Epilepsy | No | Yes | Details |
| Asthma or lung condition | No | Yes | Details |
| Arthritis or joint condition | No  | Yes | Details |
| Diabetes | No  | Yes | Details |
| **2. Are you pregnant?** | No | Yes | How many weeks? |  |
| Please provide details of any complications with this, or with any previous pregnancies: |
|  |
| **3. Have you had any recent injuries or surgeries? (Please provide details)** |
| No | Yes | Details |  |
| **4. Have you ever had an episode of back or pelvic pain? (Please provide details)** |
| No | Yes | Details |  |
| **5. If not already covered, please state the reason for starting Pilates** |
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| **Informed Consent** |
| Any exercise carries a possibility of certain dangers. These include but are not limited to: abnormal blood pressure; fainting; irregular, fast or slow heart rhythm; heart attack; stroke or death. Whilst every effort will be taken to minimise these risks, it is impossible to predict individual responses |
| **Acceptance** |
| Signed |  | Date |  |
| Print Name |  |