|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **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 | | | |  | | | | | | | | |