

PILATES REGISTRATION AND CONSENT FORM

Contact Details

Name _____

Date of Birth _____

Address _____

Telephone _____

Email _____

Current medications _____

Health Questionnaire

1. Do you currently have, or have you ever suffered from any of the following?

Low back or pelvic pain	No	Yes	Details
Any other joint / musculoskeletal pain	No	Yes	Details
Heart / circulatory problems	No	Yes	Details
Thyroid 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 recently given birth? Have you had any issues post giving birth (recent or long term)? (Please provide details)

No	Yes	Details

4. Do you, or have you ever had any injuries or surgeries that we should be aware of? (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: musculoskeletal injury; 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. It is important that you take part only if you are confident that there are no reasons preventing you from exercising. If you do take part, you are able to monitor your own performance & suitability for each class. Please do not hesitate to contact if you require any further information or if you are unsure.

Acceptance

Signed _____ Date _____

Print Name _____