

**PILATES / KINESIOLOGY REHABILITATION REGISTRATION FORM**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Please tick this box if you would like to be added to our mailing list for updates regarding my services:

Emergency Contact Name and Number: \_\_\_\_\_

GP Name and Address: \_\_\_\_\_

**GOALS:**

Why have you decided to commence Pilates / Kinesiology and what would you like to achieve?

\_\_\_\_\_

Do you have any previous Pilates experience? If so where?

**LIFESTYLE:**

Occupation \_\_\_\_\_ Weekly working hours \_\_\_\_\_

Does your work involve any repetitive movements or prolonged postures? If yes please briefly explain?

\_\_\_\_\_

Do you consider your work or lifestyle to be stressful? \_\_\_\_\_

What sports and hobbies are you involved in and how often do you participate in them? \_\_\_\_\_

\_\_\_\_\_

Are you currently receiving any other treatment from anywhere else? \_\_\_\_\_

\_\_\_\_\_

**HEALTH QUESTIONNAIRE:** (Please tick as appropriate)

Back pain or problem  
Shoulder pain or problem  
Joint problems/fractures/sprains/plates  
ME/MS  
Heart trouble  
Hypotension (low blood pressure)  
Glaucoma  
Anxiety/Stress  
I am Pregnant  
I have had surgery in the last 5 years  
I have other medical concerns

Neck pain or problem  
Knee pain or problem  
Arthritis/Fibromyalgia  
Osteoporosis  
Hypertension (high blood pressure)  
Headaches  
Diabetes  
Mental Health condition  
I am trying to get pregnant  
I smoke  
I take daily medication

If any of the above are ticked (including medication), please clarify further: \_\_\_\_\_

Have you ever given birth? Please provide details (age of children, C-Sections, natural birth): \_\_\_\_\_

History of any accidents, falls or injuries (care, childhood, athletic, work etc): \_\_\_\_\_

History of any operations, dates and resulting medication: \_\_\_\_\_

The Pilates program will begin at a low level and will be advanced in stages depending upon your fitness level and health. We may stop the exercise session if there are signs of fatigue or excessive strain. It is important for you to realize that you may stop when you wish because of feelings of fatigue or any other discomfort.

It is my duty to inform you that there exists the possibility of certain dangers when exercising. They include abnormal blood pressure, fainting, irregular heart rhythm and in very 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 minimize these risks by evaluation of preliminary information relating to your health and fitness and by observations during exercising.

I understand that sometimes a degree of discomfort can occur when addressing problems in the body through Pilates based exercises, stretching and myofascial release. I understand that a degree of undressing may be required during the assessment and in treatments and this will be explained 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 do certain exercises on my own.

I have read and understood the above questions, and have answered truthfully and to the best of my knowledge I am aware of no other reason that would restrict my ability to participate safely in this exercise program.

**Please note a fee may be applicable if less than 24 hours notice is not given for all cancellations.**

THIS INFORMATION IS PROTECTED BY THE DATA PROTECTION ACT 1984

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_