

YUMMY PILATES REGISTRATION FORM

(All details are private and confidential)

GENERAL CLIENT DETAILS:

Assessed by:

Date:

Clients Name:

Date of Birth:

Address:

Postcode:

Telephone Home:

Mobile:

Email:

Gender:

GP Name and Address:

Did a medical/health practitioner refer you here?

If not, please state how you heard of us?

PILATES AIMS

Why have you decide to commence Pilates?

What aspect of your health would you like to concentrate on?

Core stability

Flexibility

Posture

Pelvic floor training

Relaxation

Toning

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

- 1.
- 2.
- 3.

LIFESTYLE

Are you currently working? If so what is your occupation?

Does your occupation involve any repetitive movements or prolonged posture? If so please briefly explain.

Are you involved with any other sports/or hobbies? If yes, please briefly outline.

MEDICAL QUESTIONNAIRE

Please ask your GP or midwife about attending Pilates classes. Either ask his/her consent or bring a letter confirming that you are well to carry out gentle exercises.

Has your GP/midwife agreed for you to carry out gentle exercises?

YES NO

1. Are you currently experiencing OR ever been diagnosed with any of the following conditions?

Back pain	If yes, please give further details	Yes	No
Pain at the back or front of the pelvis	If yes, please give further details	Yes	No
Any other muscular or joint conditions	If yes, please give further details	Yes	No
Heart problems	If yes, please give further details	Yes	No
High or low blood pressure	If yes, please give further details	Yes	No
Circulation problems e.g. blood clots	If yes, please give further details	Yes	No
Diabetes	If yes, please give further details	Yes	No
Abnormal vaginal bleeding	If yes, please give further details	Yes	No

Pre-eclampsia	If yes, please give further details	Yes	No
Incompetent cervix	If yes, please give further details	Yes	No
History of spontaneous miscarriage	If yes, please give further details	Yes	No
Anaemia	If yes, please give further details	Yes	No
Epilepsy	If yes, please give further details	Yes	No
Abnormal placenta function or position	If yes, please give further details	Yes	No

ANTENATAL

2. Is this your first pregnancy? Yes No

3. If no, how many other children do you have & what are their ages?

4. How many weeks pregnant are you?

5. Did you have any complications with your pregnancy?

If yes, please give details.

6. Have you ever had episode of lower back pain? Yes No

If yes, how many episode of lower back pain?

7. Have you had any recent injuries or surgery? Yes No

If yes, please give details

8. Are you having twins? Yes No

POSTNATAL

1. How many weeks have elapsed since you gave birth?

2. What was the method of delivery?

3. Were there any complications during labour?

4. Have you had any lower back or pelvic pain history? Yes No
If yes, please give details.
5. Are you breastfeeding or how long have you been breastfeeding?
Yes No
6. Have you had your first postnatal GP appointment? Yes No

PILATES PARTICIPATION INFORM CONSENT

The Pilates program will begin at a low level and will be advanced in stages depending on your fitness level. Pilates sessions may be stopped because of signs of fatigue or strain. It is important for you to realise that you may stop when you wish because of feelings of fatigue or any other discomfort. There exists the possibility of certain dangers when exercising. They 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. Efforts will be made to minimise the risk by evaluation of preliminary information relating to your health and by observation during exercising.

I have answered these questions to the best of my belief. I will inform my teacher if my medical condition changes in the future.

Signed: _____ Date: _____