

PILATES REGISTRATION FORM

Name

Date of Birth

Address

Telephone day/eve

Email

GP name & address

Occupation

Sports/hobbies

Emergency contact

How did you hear of Julia Endacott Pilates?

Pilates Aims

Have you done pilates before?

What aspect of your health would you like to concentrate on? (please circle)

Core stability

Flexibility

Posture

Toning

Strength

Stress management

Relaxation

What are your main goals that you hope to achieve from your pilates program?

1.

2.

3.

Health Questionnaire

What exercise do you do at the moment? How often?

Do you have any of the following conditions or concerns that may limit your enjoyment or ability to participate in pilates? please give more information including medication, past or pending surgery, movements, postures which are less comfortable?

Back pain

yes/no

detail:

Pelvic pain

yes/no

detail:

Musculoskeletal condition
e.g arthritis, osteoporosis yes/no detail:

Hypermobility yes/no detail:

Heart problem yes/no detail:

High/Low blood pressure yes/no detail:

Epilepsy yes/no detail:

Asthma yes/no detail:

Lung disorder yes/no detail:

Diabetes yes/no detail:

Headache yes/no detail:

Cancer yes/no detail:

MS, ME, fatigue yes/no detail:

Anaemia yes/no detail:

Anything else you feel may be relevant:

Have you been recommended pilates by a specialist? yes/no

who?: gp, physio. chiropractor, osteopath, other

Permission to contact them if applicable? yes/no

contact details:

Women only: Have you had children? yes/no ages?:

Are you pregnant yes/no number of weeks?:

Have you had any complications in your pregnancy? yes/no

detail:

Any gynaecological or leaking problems; past or pending surgery?

yes/no detail:

Do you spend a lot of your time:

sitting yes/no

driving yes/no

bending yes/no

standing yes/no

lifting yes/no

postures or activities which aggravate you - physically!?

detail:

CONSENT

You are responsible for your own body, listen and respect it. Your ability to exercise may vary depending on your state of well being. Exercise should be performed at a pace and level that feels comfortable. Pain is the body's warning system, do not ignore it but work within your pain free boundaries.

Please inform your instructor if you feel any discomfort during a session and feedback if you felt any soreness after a previous class.

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 response to exercise. Every effort will be made to minimize these risks by evaluation of this form relating to your health and fitness and by observations during the class.

I understand that there may be hands on correction and with certain condition a certain degree of undressing will be requested, I understand that the pilates instructor will seek consent and explain to me at the time.

Please note that when block booking sessions they ideally are taken consecutively within the same term. Missed sessions cannot be carried over to another term. However, with permission, sessions can be swapped or extra sessions taken during other weeks within the same term period if space permits.

THIS INFORMATION IS PROTECTED BY THE DATA PROTECTION ACT 1984

I accept personal responsibility for any damages or injury that I might suffer:

signed

date