



JULIA ENDACOTT
PILATES

Registration Form

Name		
DOB		
Contact No		
Emergency Contact		
Email		
Occupation		
Hobbies		Frequency
Activities		Frequency
How find Julia Endacott Pilates?		
Have you done Pilates before? Where?		
What are your goals?		

Health Questionnaire

Do you have any of the following conditions?	Condition	Tick if yes
	Back Pain	<input type="checkbox"/>
	Pelvic Pain	<input type="checkbox"/>
	Musculoskeletal Condition (arthritis, osteoporosis)	<input type="checkbox"/>
	Hypermobility	<input type="checkbox"/>
	Heart Problem	<input type="checkbox"/>
	High/Low Blood Pressure	<input type="checkbox"/>
	Epilepsy	<input type="checkbox"/>
	Asthma	<input type="checkbox"/>
	Lung Disorder	<input type="checkbox"/>
	Diabetes	<input type="checkbox"/>
	Headache/migrane	<input type="checkbox"/>
	Cancer	<input type="checkbox"/>
	MS, ME, fatigue	<input type="checkbox"/>
	Anaemia	<input type="checkbox"/>
Details of conditions		
Concerns that may limit your enjoyment of mindful movement?		Permission to contact physician?
Current Medication Summary		
Past/pending surgery		
Women only:		

Have you had children, how old are they?							
Are you pregnant? Have you had any complications?						Weeks	
Gynaecological/pelvic floor problems?							
Do you spend a lot of your time...?	Sitting	Driving	Bending	Standing	Lifting	Walking	Gardening
Postures or activities which aggravate you physically?							

Consent Form

You are responsible for your own body, listen and respect it. Your ability to exercise may vary depending on your state of mind and body. 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 and tension free boundaries.

Please inform Julia if you feel any discomfort during a session and also feedback if you felt any soreness after a previous class. It is not always possible to predict the body's response to exercise. Every effort will be made to minimize these risks by listening to your body.

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