Pilates Enrolment Form

South Norwood Physio

Personal Details

Name _____ Occupation _____

Address _____

_____ Postcode _____

Home Tel _____ Mobile _____

Email address _____ Date of birth _____

Hobbies _____

Emergency Contact Details

Surname _____ First name _____

Home Tel _____ Mobile _____

Part 1: Your background and your health

1. Does your work/sport involve the following? (Please tick)

☐ Sitting for long periods ☐ Driving ☐ Bending ☐ Standing ☐ Lifting heavy weights ☐ Other repetitive action

2. Is your blood pressure:

☐ Normal ☐ Low ☐ High

☐ High, but controlled with medication

3. Do you suffer from asthma, diabetes or epilepsy?

☐ Yes ☐ No

4. Do you have pain or restricted movements in any other joints? (e.g. hip, knee, ankle, shoulder?)

_____

5. Do you lose your balance because of dizziness or do you lose consciousness, feel faint or dizzy?

☐ Yes ☐ No

6. Has your doctor ever said that you have any sort of heart trouble or defect?

☐ Yes ☐ No

Details _____

7. Do you feel chest pain when you undertake physical activity?

☐ Yes ☐ No

8. Have you been told that you have arthritic joints, osteoporosis: osteopenia or any bone/joint problem that may be made worse by exercising?

☐ Yes ☐ No

9. Are you, or could be pregnant? ☐ Yes ☐ No

If YES, when is your due date? _____

10. Have you been pregnant in the last 6 months?

☐ Yes ☐ No

11. Have you been diagnosed as hypermobile?

☐ Yes ☐ No

12. Are you taking any medications which affect your ability to exercise?

☐ Yes ☐ No

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13. Are you taking any medications which affect your ability to exercise?

☐ Yes ☐ No

Details _____

14. Do you often get headaches?

☐ Yes ☐ No

15. Have you had major surgery in the last 10 years??

☐ Yes ☐ No

Details _____

16. Are there any movements that cause you pain?

☐ Yes ☐ No

Please list any health problems, not already mentioned above, that may affect your ability to exercise _____

Please give further relevant details, in confidence to any questions answered YES, in particular movements that cause you discomfort or pain. If you have answered YES to any of the above, please give further relevant details below, in confidence

Have you got medical permission to exercise? ☐ Yes ☐ No ☐ Have not consulted GP

Part 2: Your aims

What are your reasons for taking up Pilates? _____

What health or physical goals would you like to achieve in the next 3/6 months? _____

Part 3: Important information

Please advise before commencing any session if, for any reason, your health or your ability to exercise changes.

It is inadvisable to do Pilates between weeks 8-14 of pregnancy, unless by special arrangement with your teacher and it is also wise to wait 6 weeks after birth before resuming exercise.

Pilates exercise is very safe but, as with all forms of physical exercise, it is prudent to consult your doctor before starting Pilates sessions if you have any concerns. Exercise should be performed at a pace which feels comfortable for you; PAIN is the body's warning system and should not be ignored. Please inform your teacher immediately if you feel any discomfort during a session. Please also inform the teacher if you felt any discomfort after the previous session.

These sessions are not a substitute for medical counselling or treatment. If you any doubts about the suitability of the exercises, you should refer to your medical practitioner. The teacher can accept no liability for personal injury related to participation in a session if:

- your doctor has, on health grounds, advised you against such exercise
- you fail to observe instructions on safety or technique
- such injury is caused by the negligence of another participant in the class

☐ The APPI Pilates method involves a hands-on correction and hereby give consent to work in this way.

☐ I confirm that I have read and understood the above advice and that the information I have given is correct.

Signed _____ Date _____