



PHYSIOTHERAPY

Modified Pilates Registration Form

STRICTLY PRIVATE AND CONFIDENTIAL					
Title		Forename		Surname	
Address				D.O.B	
				Tel No Home	
Town				Tel No Work	
Post Code				Tel No Mobile	
E-Mail					
GP/ Consultant				GP/ Consultant Address	
Emergency Contact Name				Emergency Contact No	

Modified Pilates Aims			
Why have you decided to commence/continue with Modified Pilates?			
What aspect of your health would you like to concentrate on?			
Core stability	Flexibility	Pain Management	Posture
Strength	Stress management	Pelvic Floor	Relaxation
Can you tell us about 3 day to day practical activities that you would like to improve on as a result of doing Modified Pilates? For example: gardening, able to walk further etc.			
1.			
2.			
3.			
Official use only: (Review of goals/progress after 12 months)			
Health Questionnaire			
AT THE PRESENT TIME – Are you experiencing any of the following conditions?			
Low Back Pain	If yes, please detail	No	Pelvic Pin/problems
		o	If yes, please detail
			No
Any other bone or muscle problems	If yes please detail	No	Any other spinal condition
		o	Yes
			No
Osteoporosis/Osteopenia	If yes please detail	No	
		o	
General Medical Questions:			
Are you pregnant? Yes/No			
If yes, how many weeks pregnant are you?			
Have you ever had any complications with your pregnancy/pregnancies? Yes/No			
If yes please give details			
Have you ever had an episode of low back pain? Yes/No			
If yes, how many previous episodes of low back pain have you had?			

Are you waiting to see or currently seeing your G.P, specialist doctor, or another healthcare specialist?
If yes, please give details.

Circle any of the following conditions that you have been concerned or diagnosed with or had treatment for:-

Asthma	Arthritis	Stoke/Neuro condition	Diabetes
Depression	Bronchitis	Cancer	Dermatitis
Pelvic Floor	Incontinence	Heart Problems	High or Low Blood Pressure

If you have circled any
Please give further details:-

Are you taking any
medication?
If yes please give details:-

Lifestyle

What is your occupation or are you retired?

Does your occupation or lifestyle involve any repetitive movements or prolonged postures? Yes/No
If yes, please briefly explain:

What other sports and/or hobbies are you involved in?

For your information:

Please wear clothes that you can move freely in. Please wear socks to the class. We have Pilates socks, Pilates pillows and a range of other Pilates small equipment available to buy in the clinic if you wish to purchase your own equipment for use in the class or at home.

Modified Pilates Participation Informed Consent

The Modified Pilates programme will begin at a low level and will be advanced in stages depending on your fitness level. We may stop the exercise session because of signs of fatigue or excessive 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 bodies exact response to exercise. Every effort will be made to minimise these risks by evaluation of preliminary information relating to your health and fitness and by observations during exercising. Emergency equipment and trained personnel are available to deal with unusual situations that may arise.

I understand that with certain conditions a certain degree of undressing may be required during the assessment and the Modified Pilates instructor will explain this to me at the time. I understand the Modified Pilates programme will be specifically designed as a personal training plan and will take into account details given in my health questionnaire and assessment. Therefore, this programme of exercise should only be undertaken when in a Modified Pilates class, or when I have been given specific instructions to exercise on my own.

THIS INFORMATION IS PROTECTED BY GENERAL DATA PROTECTION REGULATION

Signed

Date

For official use only:

Physio Comments

Physiotherapist signature:
Date: