

**PILATES REGISTRATION FORM**

<b>CLIENT INFORMATION</b>		
First Name:		Surname:
How did you hear about Pilates at Horder Heathcare?		
<b>PILATES AIMS</b>		
Please tick which aspects of your health you would like to concentrate on:		
Core stability	Flexibility	Posture
Strength	Stress management	Relaxation
What are your three main aims that you are hoping to achieve with Pilates?		
1)		
2)		
3)		
<b>HEALTH</b>		
Please tick if you are currently experiencing any of the following:		
a) Low back pain		
NO	YES	(please give further detail about your low back pain)
b) Any other spinal conditions (including the neck)		
NO	YES	(Please give further detail about your spinal conditions)
Have you had any previous episodes of low back pain?		
NO	YES	(Please give an estimate of how many episodes you have had)
Have you had any surgery in the past 5 years?		
NO	YES	(Please state what surgery and when)

Have you been diagnosed with osteoporosis?	
NO	YES
Are you currently receiving medical treatment for or have any other health-related conditions or injuries, which may affect your ability to exercise?	
NO	YES (Please give further detail)
Are you experiencing any side effects from medication that you are currently taking that may affect your ability to exercise?	
NO	YES (Please give further detail)
Are you pregnant?	
NO	YES (Please indicate how many weeks you are)

### PILATES PARTICIPATION INFORMED CONSENT

**Standing Pilates only** – to get the most out of your Pilates practice we recommend you view and practice the 5 key Elements of Pilates in Standing prior to attending your first session.

The Pilates exercises in class will begin at a low level and will be advanced in stages depending on your ability. The Instructor may stop an exercise or session because of signs of fatigue, excessive strain or discomfort. It is important for you to realise that *you* may stop when you wish because of feelings of fatigue or any other discomfort.

I confirm that I have read and understood all the above. To my knowledge the information I have provided is correct and I understand that if I do not complete the questionnaire prior to my first session I will not be able to take part. If there is any health-related change to the information, I have provided above, I am aware that I must notify the Pilates Instructor immediately by email to [hhbookings@nhs.net](mailto:hhbookings@nhs.net). I undertake Pilates at my own risk and understand Horder Healthcare cannot be held responsible for any injuries or side effects experienced as a result of taking part.

<b>Signature</b>			
<b>Printed Name</b>		<b>Date</b>	

<b>Instructor use only</b>	
Assessed by: <input type="text"/>	Date: <input type="text"/>