



## Health Questionnaire & Pilates Registration Form

*Joanne Murphy Chartered Physiotherapist HCPC Registered*

Name	DOB
Address	GP
Email	Home phone /mobile
Emergency Contact Details - mobile	Your occupation
How did you hear about Pilates?	Previous Pilates or exercise experience?
Sports /Hobbies	

What aspect of your health would you like to concentrate on? Please Circle

**Flexibility / Toning / Stress Management / Relaxation / Pain Relief / Fitness / Posture**

Have you experienced any of the following conditions?

Low back pain or neck pain or dizziness or headaches or tingling	Yes	No
Depression and/or mental illness	Yes	No
Asthma or bronchitis other respiratory problem.	Yes	No
Circulatory problems e.g. blood clots/stroke	Yes	No
Cancer	Yes	No
High or low blood pressure .	Yes	No
Epilepsy/Diabetes/skin problems.	Yes	No
Surgery in past 5 years or recent injuries	Yes	No
Osteoarthritis, Rheumatoid arthritis, Osteoporosis, Hypermobility	Yes	No
Pain at front or back of pelvis	Yes	No
Neurological conditions	Yes	No
Are you taking medication ? If yes please specify	Yes	No

How is your general health and fitness?

Please give more details here or overleaf:-

**All information is protected by the Data Protection Act 1984 and your personal details will not be shared with a third party without your consent and will be stored securely in line with GDPR legislation.**

### **Pilates Participation Informed Consent**

Pilates is a safe low impact form of exercise, so injuries are uncommon. But as with all forms of exercise if you are unsure it is prudent to consult your GP before starting classes. Pilates aims to train the core and improve flexibility, body awareness and address muscle imbalances. You may work at your own rate and within your own level of comfort and ability. Pain is the body's warning system and should not be ignored. Please inform the physiotherapist if you feel any discomfort during or after a session. All the exercises may be tailored to suit individual needs and it is important for you to realise that you may stop exercising at any time you wish because of feelings of discomfort, pain or fatigue.

There exists the possibility of certain dangers when doing any exercise. While every care will be taken, it is impossible to predict the body's exact response to exercise. Every effort will be made to minimise these risks, by the initial Pilates Health Assessment Process, and by on-going observation during exercise.

These sessions are not a substitute for medical advice or treatment. If you have any doubts about the suitability of the exercises you should refer back to your medical practitioner. Your Physiotherapist 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 and technique
- Such injury is caused by negligence of another participant in the class

I have completed this questionnaire to the best of my knowledge and I have not withheld information which may be significant or relevant. I undertake to advise of any significant changes to my health and present condition including health and surgery. I understand that all exercise carries a risk of injury. I accept responsibility for my own body and consent to exercising at my own risk.

I agree to inform the physiotherapist if I have come into contact with anyone who is suspected of having symptoms of COVID -19 and I will not attend if I am symptomatic ( high temperature, cough ,loss smell or taste ) or am self isolating in which case prepaid sessions will be reimbursed. I understand that I am responsible for respecting the current guidelines for minimising COVID 19 transmission as published by the government and will implement by bringing my own towel or mat and water bottle

By signing this form you have given consent to the above conditions and to be contacted via email or text regarding the relevant class.

Please print and sign here to confirm that you have read, understood and agreed to the above statements.

print.....

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **Joanne Murphy – Physiotherapy Led Pilates**

*Joanne Murphy Chartered Physiotherapist 41860 HCPC Registered*