

Pilates information form (please PRINT)

Name: _____ D.O.B. _____

Address _____ Suburb _____ postcode _____

Phone numbers: home _____ work _____ mobile _____

Email _____ Occupation _____ Employer _____

Regular Medical Doctor or Clinic _____

Emergency Contact: (Name+Number) _____ Relationship to you _____

Exercise History

Do you exercise regularly? Yes / No. Type of exercise How often

Have you ever done Pilates before? Yes / No If so, where?.....

Have you been referred by a GP or a Specialist? Yes / No If yes, by whom?.....

What is your occupation?.....

Does your occupation involve repetitive movements or prolonged postures? Yes / No

If yes, explain briefly.....

Medical Considerations

Have you been hospitalised recently? Please give details

Are you pregnant or given birth in the last eight weeks? Yes / No.

Do you have or have you ever had any of the following? Please tick or circle

- Asthma Any heart condition Stroke High Blood Pressure
- Epilepsy Back Pain Arthritis Neck/ Shoulder Pain
- Hernia Knee/ Ankle Pain
- Describe any other conditions or injuries that may be reason to modify your exercise program

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If you have had any of the conditions described above please ensure that you have medical clearance before commencing an exercise program

I understand that Pilates exercises sometimes require hands-on correction and I hereby consent to allow my teacher to work in this way.

I have answered the above questions to the best of my ability, which are only used as a guideline to the limitations of my ability to exercise.

I recognise that exercise is not without risk to the musculoskeletal and cardio respiratory systems and hereby certify that I have voluntarily elected to participate in this exercise program. I do not hold this organisation or the instructors liable for any personal injury which may result from my participation.

In case of emergency, please supply a contact name & phone number (other than your own).

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Signature Date