

PILATES REGISTRATION FORM

Name:

Contact Telephone No.: Email address:

Address:

.....

..... Postcode:

GP Practice and address (if known):

.....

..... Postcode:

MEDICAL HISTORY: Please answer the following questions regarding your medical history:

	YES	NO		YES	NO
Do you suffer with epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>	Do you suffer with any joint pains?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any problems with your heart?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, please specify which joints are affected:		
Do you have any blood pressure problems (high or low)?	<input type="checkbox"/>	<input type="checkbox"/>		
Do you have a pace maker in situ?	<input type="checkbox"/>	<input type="checkbox"/>	Do you suffer with diabetes? (diet or insulin controlled)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a history of cancer?	<input type="checkbox"/>	<input type="checkbox"/>	If you have any other health concerns, please list below:		
Have you recently under gone radiotherapy or chemotherapy treatment?	<input type="checkbox"/>	<input type="checkbox"/>		
If YES, when did this finish? Or is it ongoing?				
.....				
Have you had any surgery?	<input type="checkbox"/>	<input type="checkbox"/>		
If YES, please specify what type of surgery:			Please list all medication you take on a regular basis:		
.....				
Do you have any respiratory problems? E.g. asthma, COPD	<input type="checkbox"/>	<input type="checkbox"/>		
Do you have any metal work in situ?	<input type="checkbox"/>	<input type="checkbox"/>		

TERMS AND CONDITIONS:

All information will be stored and treated confidentially. Nicola will gain your consent before any contact is made with your GP (if applicable).

All pilates sessions are paid for in advance. Where possible it is preferable to book in a six week block.

Please try to give 24 hours notice if you are unable to make a session. If no contact is made, you will incur the full charge for the missed session.

If you have holiday dates or other commitments please try to let the therapist know in advance so she can plan the sessions.

If you have any specific questions relating to your medical background please direct them to Nicola who will be happy to help you.

I understand the above terms and conditions and am happy to consent to participate in the pilates sessions:

Print Name: Signature: