



Restoration Pilates Client Registration Form

General Client Details

Title: _____ Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ Mobile: _____

Email: _____

Emergency Contact Information:

Name: _____ Relationship: _____ Number: _____

Lifestyle

What is your occupation? _____

If your occupation involves any repetitive movements or prolonged postures, please provide details:

Do you participate in any sports or hobbies? _____

Health Questionnaire

Condition	Now	Past	Never	Details
Low back pain				
Pelvic pain				
Spinal Condition				
Orthopaedic condition				
Heart problems				
High/Low Blood Pressure				
Epilepsy				

Other conditions you have been diagnosed with or had treatment for:

Arthritis	Asthma	Bronchitis	Cancer	Depression	Dermatitis
Diabetes	Hypermobility	Osteoporosis	Scoliosis	Stroke	Pelvic floor Prolapse

If you are Pregnant, how many weeks are you? _____

Please provide details of any complications that have arisen during pregnancy _____



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Details of any surgery you have had: _____

Rehab Pilates Aims

Why have you decided to commence Rehab Pilates? _____

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

Balance		Body Awareness		Core Stability		Flexibility		Injury Prevention	
Pain Management		Posture		Relaxation		Strength		Stress Management	

What are the three main aims that you are hoping to achieve with Rehab Pilates?

1) _____

2) _____

3) _____

How did you hear of Restoration Pilates? _____

REHAB PILATES PARTICIPATION INFORMED CONSENT

The Rehab Pilates program 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 body's 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 degree of undressing may be required during the assessment, and that the Rehab Pilates instructor will explain this to me at the time. I understand that the Rehab Pilates program will be specifically designed as a personal training plan and will take into account details given in this form and assessment. Therefore, this program of exercise should only be undertaken when in a Rehab Pilates class, or when I have been given specific instructions to exercise on my own.

Signed: _____ Date: _____

This information is protected by the Data Protection Act 2018 and the General Data Protection Regulation (GDPR)