

Past Medical History

Have you experienced any of the following. If yes please give more details below:

Yes No

- A. Have you had any surgery? Please specify:**
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.....
- B. Have you had low back pain? Please specify no.of episodes and when:**
.....
.....
- C. Have you had pelvic pain? Please specify:**
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.....
- D. Have you had any hip/knee problems? Please specify:**
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.....
- E. Have you had any foot/ankle problems? Please specify:**
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.....
- F. Have you had any neck pain? Please specify:**
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.....
- G. Have you had any shoulder/elbow/wrist problems? Please specify:**
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.....
- H. Have you had any muscle/tendon injuries? Please specify:**
.....
.....
- I. Are you hypermobile?**
- J. Is there any other condition your instructor should be aware of?**
.....

Please circle any of the following conditions that you have been diagnosed with or have had treatment for.

- | | | | |
|----------|-------------------------|----------------|----------|
| Asthma | High/Low blood pressure | Heart problems | Epilepsy |
| Diabetes | Osteoporosis | Cancer | Stroke |

Further details:

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.....
.....

Current Medical History

Are you experiencing pain or discomfort presently please answer the following questions. If pain free please sign the bottom.

- A. Where is your discomfort/pain
.....
.....
- B. When and why did it start?
.....
.....
- C. On a scale of 0-10 (0= no pain, 10= worst pain). What score is your pain today?
.....
- D. *Please circle:* Is the pain **generally improving** / **staying the same** / **getting worse**?
- E. What specific movements/positions make it worse?
.....
.....
- F. What specific movements/positions make it better?
.....
.....
- G. Are you taking pain killers for it daily?
.....
- H. Please provide details of your therapist and their occupation
.....
.....
- I. Do you give permission for them to be contacted to discuss your treatment?
 Yes No

Pilates participation informed consent

The 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.

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

I accept that I am fully responsible for my child during the class sessions
Please note that payment is required in advance and that refunds cannot be given.

THIS INFORMATION IS PROTECTED BY THE DATA PROTECTION ACT 1984

Signed: _____ Date: _____