

Pilates based back classes - Registration form

This Form has been designed to be completed online and returned to us by email to info@physio-forward.co.uk.

Title:	Forenames:	Surname:
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Address:
Postcode:

Telephone No:	Home:
	Mobile:
	Work:

Date of Birth:	Email address: @
GP Name:	GP Address:

What is Your Occupation if currently working?		
Does your occupation involve any repetitive movements or prolonged postures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please give details:		
Are you involved with any other sports and/or hobbies? Please give details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Were you referred here by a medical/health practitioner?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not how did you hear about us:	
Why have you decided to commence pilates and have you any previous Pilates experience?	

What aspect of your health would you like to concentrate on?				
Core Stability <input type="checkbox"/>	Flexibility <input type="checkbox"/>	Posture <input type="checkbox"/>	Toning <input type="checkbox"/>	Relaxation <input type="checkbox"/>
Pelvic Floor Training <input type="checkbox"/>				

What are the three main aims that you are hoping to achieve with your pilates program?		

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MEDICAL HISTORY QUESTIONNAIRE

Are you currently experiencing OR ever been diagnosed with, or treated for, any of the following conditions?

	YES	NO	DETAILS		
Back pain Lower, mid Back, neck	<input type="checkbox"/>	<input type="checkbox"/>			
Leg pain from your back? If yes do you suffer from leg pain now and how long have these symptoms been present days/months/years	<input type="checkbox"/>	<input type="checkbox"/>			
Spinal Surgery	<input type="checkbox"/>	<input type="checkbox"/>			
Any other major surgery	<input type="checkbox"/>	<input type="checkbox"/>			
High or low Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	If so is it controlled with medication:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Circulatory problems e.g blood clots	<input type="checkbox"/>	<input type="checkbox"/>			
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>			
Past or current history of Cancer	<input type="checkbox"/>	<input type="checkbox"/>			
Heart problems	<input type="checkbox"/>	<input type="checkbox"/>			
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>			
Spondylolithesis	<input type="checkbox"/>	<input type="checkbox"/>			
Anaemia	<input type="checkbox"/>	<input type="checkbox"/>			
Epilepsy (Grand mal seizures)	<input type="checkbox"/>	<input type="checkbox"/>			
Arthritic joints	<input type="checkbox"/>	<input type="checkbox"/>			
Any other muscle or joint conditions	<input type="checkbox"/>	<input type="checkbox"/>			
Any ongoing restrictions in movement					

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Have you received any treatment for back pain Physiotherapy /osteopathy /medication /injections	<input type="checkbox"/>	<input type="checkbox"/>	
Have you been referred to a consultant for your back pain	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had any further investigations (MRI/XRay) on your spine?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please give details/results:
How many episodes of low back pain have you suffered from?	<input type="checkbox"/>	<input type="checkbox"/>	Approx. how many previous episodes have you had? 1-2 , 3-5 , more than 5
Are you pregnant or had a baby in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	

PILATES PARTICIPATION INFORMED CONSENT

Please read the following information carefully:

All the information you have given is strictly private and confidential for the physiotherapist only. If for any reason your ability to exercise has changed at the beginning or during a class, for medical reasons, you must advise the physiotherapist taking the class.

All exercises in the class are aimed at gradually improving the lower back strength and control and hence any symptoms. If at any time you should experience an increase in low back pain, strain or fatigue during any of the classes please stop and tell the physiotherapist running the class. Efforts will be made to minimize these risks by evaluation of preliminary information relating to your health and by observations during exercising.

I understand that the Pilates program will be specifically designed as a group training plan, and will take into account details given in my health questionnaire. 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.

Thank you for taking the time to complete this questionnaire.
I hope you enjoy and benefit from the BACK PILATES classes.

Signed: Date: