Macclesfield Physio Pilates Registration Form

General Client Details
Title: .... Name: .... Date Of Birth: .... Address:... .... Postcode: .... Phone: .... Email: .... GP's Name: .... GP Address: .... How did you hear of us? ....
Pilates Aims
Why have you decided to commence Pilates? .... Have you ever practiced Pilates before? If so, what style, and for how long? .... What aspect of your health would you like to concentrate on? Core Stability ☐ Flexibility ☐ Posture ☐ Strength ☐ Stress Management ☐ Relaxation ☐ What goals are you hoping to achieve with Pilates? 1) .... 2) .... 3) ....
Lifestyle
What is your occupation? .... Does your occupation involve any repetitive movements or prolonged postures? If so, please briefly explain .... What sports and hobbies are you involved in? ....

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Health Questionnaire	
Name	Date of Birth

Are you experiencing any of the following conditions? (Please circle the appropriate answer)

Low Back Pain	Yes	No
Pelvic Pain	Yes	No
Any other spinal condition	Yes	No
Any other orthopaedic condition	Yes	No
Heart problems	Yes	No
High or low blood pressure	Yes	No
Epilepsy (Grand mal seizures)	Yes	No
Neurological conditions	Yes	No
Rheumatological conditions	Yes	No
Latex Allergy	Yes	No
Other Allergies	Yes	No

If yes to any of the above, please give the details below

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Pregnancy

Are You Pregnant? Yes No

If so, what is the due date? ....
If you have had a baby in the last year, when was it? ....
If so, was the delivery normal or caesarean? ....

Back Pain

Have you ever had an episode of low back pain? Yes No

If yes, how many previous episodes of low back pain have you had? ....

Injuries and Surgery

Have you had any recent injuries or surgery? Yes No

If yes, please give details below

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Health Questionnaire

Name	Date of Birth

Illness

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

Asthma	Osteoarthritis	Stroke	Diabetes	Depression
Bronchitis	Cancer	Dermatitis	COPD	Osteoporosis

Have you ever had any other major illnesses not included above?

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Joint Disorders

Do you have any pain or restricted movements in any joints (e.g. hip or knee) ?	Yes	No
Do you suffer from any bone or joint problems?	Yes	No
Have you ever been diagnosed with hypermobility?	Yes	No

If yes to any of the above, please give the details below

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Neck Problems

Do you get headaches frequently?	Yes	No
Do you lose your balance because of dizziness?	Yes	No
Do you suffer from pins and needles, numbness or weak in your muscles at all?	Yes	No

If yes to any of the above, please give the details below

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Health Questionnaire	
Name	Date of Birth
Medication	
Please list any medication you are currently taking ……… ……… ……… ……… ……… ……… Have you ever taken steroids? Yes No Have you ever taken anticoagulants (drugs to thin blood) ? Yes No If yes, to the above questions, then please give details: ……… ……… ………	
Please list any health problems that you suffer with, not already mentioned, that may affect your ability to exercise. Please expand on any of the questions and give any further details below: ……… ……… ……… ……… ……… ……… ……… ……… ……… ……… ……… ……… ……… ………	

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Health Questionnaire	
Name	Date of Birth
Pilates Privacy Policy & Email Newsletter Consent Form	

What information do we collect and how?
Macclesfield Physio Pilates takes your privacy seriously. Personal information is gathered on paper at your assessment, such as name, address, date of birth, phone numbers, email address, information related to your health and the condition for which you have attended, information regarding ongoing treatment and progress.

How is your information used?
Macclesfield Physio Pilates uses the information you provide to:

- To reliably and accurately identify your record in the future for follow up treatment
- Contact details such as address, phone numbers and/or email address, are collected in order to enable changes of appointment or class.
- Personal sensitive data relating to your health is gathered as part of your physiotherapy assessment, to aid in diagnosis and treatment of your condition.
- Communication with GP's, Consultants, healthcare professionals, your medical insurance company and legal services – with your consent
- Solicitor/legal team in the event of an accident claim.
- Your medical insurance company if you are claiming for treatment or payments are going through your health insurance company.
- Forms for occupational health, social services, disability assessments

We will only contact you in relation to a previous request by you to contact us, or regarding any changes of appointment or class. We may also contact you to discuss your progress treatment or gain consent to share information with relevant healthcare professionals.

Macclesfield Physio Pilates also sends regular emails announcing forthcoming blocks of classes and sale of equipment. These emails are sent using Mailchimp (The Rocket Science Group, LLC) and we only provide (if consent has been given) first and last names and the provided email address to manage and send emails.

You may choose to unsubscribe from the emails we send by either clicking the "Unsubscribe" link in the email, or contacting us by email at info@macclesfieldphysiopilates.com

For the purposes of GDPR, Macclesfield Physio Pilates is deemed the 'Data Controller' and MailChimp the 'Data Processor'. To find out more about how MailChimp manages data, visit www.mailchimp.com/legal/privacy.

To Receive our emails, please tick this box ☐

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Health Questionnaire	
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Pilates Participation Informed Consent Form	

The Pilates programme will begin at a low level and will be advanced in stages depending on my fitness level/ spinal condition.

I acknowledge that it is important for me to exercise at my own rate and within my own level of comfort and ability. If at any time I am unsure of the exercise or am experiencing any discomfort/ pain, I will stop the exercise completely and inform the instructor.

The Pilates Programme of exercises should only be undertaken when in the Pilates Class or when I have been given specific instructions to exercise on my own.

There exists the possibility of certain dangers when exercising. These include abnormal blood pressure, fainting, abnormal heart rhythm and in rare cases, heart attack, stroke or death. While every care will be taken, it is impossible to predict the body's exact response to exercise.

I acknowledge that every effort will be made to minimise these risks, by the Pilates Health Assessment Process undertaken by my assessor, and by observation during the Pilates classes.

It is advisable to inform your GP prior to starting any new form of physical exercise.

Please advise the instructor before commencing any session if, for any reason your health or ability to exercise changes.

These sessions are not a substitute for medical advice or treatment. If you have any doubts about the suitability of the exercises you should refer back to your medical practitioner. The instructor can accept no liability for personal injury related to participation in a session if:

- Your doctor has, on health grounds, advised you against such exercise
- You fail to observe instructions on safety and technique
- Such injury is caused by the negligence of another participant in the class

While all appropriate care will be taken in providing the services, based on the information provided by the Client, the Client agrees that the instructor and Macclesfield Physio Pilates will not be liable for any damage or loss due to the services except to the extent required by law.

The instructor reserves the right to stop a course of treatment at any time if she believes in her professional opinion that it is in the interests of either the Client or the instructor for the treatment to stop.

I consent to my instructor contacting my GP, consultant, or other health professional about my condition either to gain further information from them, or share information that is felt relevant and important.

Client Signature: ....

Date: ....