



Pilates Client Questionnaire This questionnaire is designed to gather background information about you and any medical history prior to your Pilates assessment. All information will be treated in strictest confidence.

Name: Address: Date of birth: Email: Tel/Mobile No: Health Card No: Emergency Contact:
Your Lifestyle: What is your occupation? Does your occupation involve repetitive movements/activities/postures? E.g. predominantly sitting/desk based/lifting/bending etc. Please explain: Are you involved in any active sports/ hobbies? Yes / No – Describe: If you are attending Pilates to strengthen for a particular activity, please give specific details ie. level and intensity. Have you had to discontinue or modify your sports/hobbies due to injury? Yes / No If yes, please provide details:
3. Your reasons/expectations for doing Pilates: Have you ever practiced Pilates before? Yes / No If yes, and for how long: Have you been referred to Pilates by a Health Professional?



Yes / No If yes, please provide information:

What aspect of your health would you like Pilates to concentrate on? Please tick all that apply:

Core stability ____ Flexibility ____ Relaxation ____ Strength ____ Posture ____ Stress

Management ____ Other ____ Further details:

4. YOUR HEALTH:

Are you currently experiencing any of the following conditions/problems? If yes, please give details.

Lower back Pain?

Pelvic Pain?

Any other spinal conditions?

Any orthopaedic conditions?

Heart problems?

High or low blood pressure?

Epilepsy (Grand Mal Seizures)?



For Prenatal clients ONLY

Did your Doctor approved/ recommended this activity for you?

When is your due date?

I am _____(number) weeks in my _____ 1st, 2nd, 3rd trimester

Is this your first pregnancy?

Consent for Prenatal Pilates

_____(sign), I authorize *Crowchild Physiotherapy* to administer pilates to me during my pregnancy. I understand that *Crowchild Physiotherapy* strongly me to communicate with my physician about the potential benefits and risks.

Have you ever suffered an accident?

Neck related problems:

Do you suffer from frequent headaches?

Do you suffer from dizziness, which causes loss of balance?

Do you suffer from numbness, pins and needles or weakness in your muscles?



MEDICATIONS:

Are you currently on any medications, if so please list:

Have you ever taken anticoagulants [blood thinning drugs], if yes please list:

Have you ever taken steroids?

Please list any other health problems that you have which may affect your ability to exercise:



PILATES INFORMED CONSENT FORM

This Pilates programme will start at a low level and will advance in stages, depending on my fitness level / spinal condition, and any other problems which I have mentioned previously.

I acknowledge that it is important for me to exercise at my own speed, and within my own level of comfort and ability. If at any time I am unsure of the way the exercise should be performed, or I experience any discomfort or pain, I will inform the instructor and stop the exercise immediately.

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

Any exercise can cause problems, some of which could be serious. These include possible abnormal blood pressure, abnormal heart rhythm, fainting, and in rare cases heart attack, stroke, or even death. Whilst every care is taken, it is impossible to predict how your body may respond to any exercise. I acknowledge that every effort will be made to minimise any of these risks, by the Pilates Health Assessment Process undertaken by the qualified Pilates Instructor/Assessor, and by observation during the Pilates classes.

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

Please advise the instructor, before commencing the session, if your health, or ability to perform the exercises, has changed for any reason. Pilates sessions are not a substitute for medical advice or treatment, and if you have any doubts about the suitability of the exercises you are doing, you should refer back to your medical practitioner.



The Instructor of the Pilates Class cannot accept any liability for personal injury related to participation in a session if:

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

I CONFIRM THAT I HAVE READ, UNDERSTOOD AND FULLY COMPLETED THE QUESTIONNAIRE

Client Signature: _____

Date: _____