

Fit to Deliver Registration Form

Title: _____ Name: _____ DOB: _____

Address: _____
 _____ Postcode: _____

Telephone: (H) _____ (M) _____ (W) _____

Email: _____

Occupation: _____ Sports / Hobbies: _____

Emergency Contact

Name: _____ Tel: _____

Please state how you heard of us: _____

What aspect of your health would you like to concentrate on? (Please circle as many as apply)

| | | |
|----------------|-------------------|------------|
| Core Stability | Flexibility | Posture |
| Strength | Stress Management | Relaxation |

Are you **currently** experiencing any of the following symptoms?

If yes please give further details:

| | Yes | No | |
|------------------------------|-----|----|--|
| Neck Pain | | | |
| Low Back Pain | | | |
| Pelvic Pain | | | |
| Other Joint Pains | | | |
| Muscle Pains | | | |
| Chest Pains | | | |
| Dizziness / Headaches | | | |
| Shortness of Breath / Wheeze | | | |

Are you pregnant? **Yes / No** If Yes, please fill in separate **Pregnancy Registration Form**

Are you recently post natal? **Yes / No** If Yes, how old is your baby? _____

Have you undergone your 6 week check and been cleared as safe to exercise? **Yes / No**

Did you have any complications in your pregnancy or labour? **Yes/No** If Yes, give details:

Have you had any recent injuries or surgery? **Yes / No** If yes, please give details: _____

Have you ever been diagnosed with or received treatment for any of the following conditions?

If yes please give further details:

| | | | |
|----------------------------|-----|----|--|
| Asthma | Yes | No | |
| Arthritis | Yes | No | |
| High or low blood pressure | Yes | No | |
| Bronchitis | Yes | No | |
| Cancer | Yes | No | |
| Diabetes | Yes | No | |
| Epilepsy | Yes | No | |
| Heart conditions | Yes | No | |
| Stroke | Yes | No | |

PILATES PARTICIPATION INFORMED CONSENT

The Pilates programme will begin at a low level and will be advanced in stages as appropriate. It is important for you to realise that you may stop whenever you wish because of feelings of fatigue or discomfort.

There exists the possibility of certain dangers when exercising. They include high or low blood pressure, fainting, abnormal heart rhythm, and in very 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 the preliminary information relating to your health and fitness and by observations during exercising.

Please note a full fee may be applicable if less than 24hrs notice is given for all cancellations

THIS INFORMATION IS PROTECTED BY THE DATA PROTECTION ACT 1984

Signed: _____ Date: _____