

Pilates participant registration form



TITLE: GIVEN NAMES: SURNAME:

PREFERRED NAME: DATE OF BIRTH: / / GENDER (M/F/OTHER):

ADDRESS: POSTCODE:

PHONE: MOBILE: EMAIL:

OCCUPATION:

DOCTOR'S NAME: DOCTOR'S PHONE NUMBER:

EMERGENCY CONTACT: PHONE:

Sign up for newsletter? Yes No

Do you give us permission to send a letter to your Doctor confirming you have commencing Pilates? Yes No

Do you give us permission to send you an SMS reminder for appointments? Yes No

How did you find out about us? Brochure/flyer Yellow Pages Internet search Our website
 Doctor referral Walk by Ritz advertisement
 Friend referral (name)

Private clients

HEALTH FUND (IF APPLICABLE):

Have you attended any form of Pilates before? Yes No

Do you have any specific area's you would like to target?

Do you have any injuries or concerns your therapist needs to be aware of during your Pilates sessions?

Medical information

Do you have or have you ever had? (please tick)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> An aneurysm | <input type="checkbox"/> Reiter's arthritis | <input type="checkbox"/> Cartilage injuries |
| <input type="checkbox"/> Heart attack | <input type="checkbox"/> Cancer | <input type="checkbox"/> Spinal trauma | <input type="checkbox"/> Osteoarthritis |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Spinal fracture | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Rheumatoid arthritis | <input type="checkbox"/> Spinal surgery | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ankylosing spondylitis | <input type="checkbox"/> Dislocation | |
| <input type="checkbox"/> A pacemaker | <input type="checkbox"/> Psoriatic arthritis | <input type="checkbox"/> Ligament injuries | |

Comments relating to the above conditions

Current medications

Do you have any x-rays/scans? _____ Yes No

Pacemaker or Fentanyl use? _____ Yes No

Allergies or adverse reactions, especially to nuts, adhesives/Band-Aids/tape, medications, topical creams? _____ Yes No

Any concerns about Pilates? _____ Yes No

Other relevant medical history or condition not listed above?

Have you ever taken oral cortisone or prednisone? _____ Yes No

Are you pregnant? _____ Yes No

If yes, how many weeks along are you?

Have you had any complications with your pregnancy?

Pilates participant consent

Physiotherapists in this practice at Aspire Physiotherapy are all registered with the National Board of Physiotherapists (AHPRA) and are Members of the Australian Physiotherapy Association. They will discuss your condition and options for treatment with you so that you are appropriately informed and can make decisions relating to treatment. You may choose to consent or refuse any form of treatment for any reason, including religious or personal grounds. Once you have given consent, you may withdraw that consent at any time.

Questions of a personal nature

Your physiotherapist may ask questions relating to any injuries and how this impacts on your “activities of daily living”. The more information you provide, the more likely it is that the physiotherapist can provide an effective program. It is your choice as to what information you choose to provide. If you feel uncomfortable with a particular question or group of questions, please let the physiotherapist know and they will cease.

Physical contact

During the examination, assessment and during the class it may be necessary for your physiotherapist to make physical contact with you in any way. Physical contact requires your express consent. You may withdraw your consent at any time, at which point all physical contact will cease immediately. Please inform your physiotherapist if you feel uncomfortable at any time.

Risks related to Pilates

Following an initial assessment consisting of a musculoskeletal screening and a medical history an individual Pilates program will be devised for you. The program will begin at a low level and advance in stages depending on your fitness level. You must inform the therapist at any time if you are experiencing any symptoms of fatigue, discomfort or risk of injury. Whilst every care will be taken it is impossible to predict the body’s exact response to exercise and every effort will be made to minimise the risks by evaluation of preliminary information relating to the medical questionnaire as well as observation of fitness and technique during exercise.

Children/Minors and Substituted consent

Consent from a custodial parent is required to treat a minor. Where a person is incapable of understanding the risks and benefits of treatment, consent may be provided by another person legally authorised to provide such consent. Evidence of legal authorisation is required in such circumstances.

You need to let us know

The risks related to some treatments can increase if the physiotherapist is not aware of certain facts. Please inform the physiotherapist if you have:

- A pacemaker or heart condition
- Suffered from blood clots, thrombosis or stroke
- Suffer from diabetes
- Are pregnant
- Are currently taking medication

I _____ (full name) **have read and understood the above statements and have completed the medical questionnaire to the best of my knowledge. I offer my consent to undertake supervised Pilates classes within the practice. I agree to this consent remaining valid until such time as I withdraw my consent.**

Signed _____ Date ____/____/____