



www.abpilates.com.au

Private and Confidential

Pilates Health Questionnaire and consent form

General Client Details:

Date:

Client Name:	
Date of Birth:	
Gender:	
Address:	
Home Tel:	Work Tel:
Mobile Tel:	
Email:	
GP Name and Address:	
Please state how you heard of us:	

Pilates Aims:

Have you done Pilates before? Yes/No			
Why have you decided to commence Pilates?			
What aspect of your health would you like to concentrate on?			
Core Stability	Flexibility	Posture	Toning
Strength	Injury Rehabilitation	Relaxation	
What are the 3 aims that you are hoping to receive from your Pilates program?			
1.			
2.			
3.			

Lifestyle:

What is your occupation?
Does your occupation involve any repetitive movements or prolonged postures?
If YES please explain briefly and discuss with your instructor:
Which other sports and hobbies are you involved in?

Are you currently experiencing any of the following?

Lower back pain? Yes/No give details:
Pelvic Pain? Yes/No give details:
Any other spinal condition? Yes/No give details:
Orthopaedic conditions? Yes/No give details:
Heart problems? Yes/No give details:
High/Low blood pressure? Yes/No give details:
Epilepsy (Grand Mal Seizures)? Yes/No give details:
Continence Concerns? Yes/No give details:
Pelvic Floor weakness? Yes/No give details:

## Pregnancy

Are you pregnant? Yes/No
If yes how many weeks are you?
Have you had any complications with any pregnancy? If yes give details:
Have you ever had an episode of lower back pain? Yes/No
If yes please give details:

### Other Medical Conditions:

Have you ever had an episode of back pain? Yes/No
If yes how many previous episodes of back pain have you had?
Have you had any recent injuries or surgery? Yes/No
If yes, please give details:
Circle any of the following conditions that you have been diagnosed with or have had treatment for:
Asthma/Bronchitis/Arthritis/Neurological Condition/Diabetes
Depression/Cancer/Dermatitis/Skin Allergies/Lymphedema
Migraine/Vertigo/Degenerative Joints/Cardiac Arrhythmia

## Pilates Participation Informed Consent Sheet

I declare that I have read the Pilates Health Questionnaire and completed it to the best of my knowledge. I understand that the Pilates program will begin at a low level and will be advanced in stages dependant on my abilities. I understand that the therapist/instructor or I can stop the exercise session at any time if I am experiencing any symptoms of fatigue/discomfort or risk of injury.

I understand that there is a risk associated with undertaking any exercise program.

I understand (a) whilst every care will be taken it is impossible to predict the body's exact response to exercise and (b) every effort will be made to minimise these risks by evaluation of preliminary information relating to the questionnaire and by observation of fitness and technique during exercise.

For one to one sessions: I understand that the Pilates program will be specifically designed as a personal training plan and will take into account details about me given in my questionnaire and on initial assessment. I understand that this program of exercise should only be undertaken when I have been given specific instructions to exercise on my own.

For group sessions: I understand that the Pilates program is designed for a general group and not specifically designed as a Personal Pilates plan. Therefore I understand that the program of exercises should only be undertaken in a supervised Pilate's group. Further I understand and agree that if I perform any of the exercises outside the class then I do so at my own risk. I agree that ABpilates and its instructors, shall not be liable for injuries I suffer in respect of:

1. Pilates exercises I perform outside of a supervised Pilates group
2. Pilates exercises performed other than in accordance with the direction and instructions of the instructor
3. Undertaking Pilates exercises whilst suffering from an injury or ailment of which I have not informed ABpilates or its instructors.
4. Mishap or injury inflicted by other participants of the Pilates group
5. Any injury sustained whilst on the premises resulting from personal inattentiveness

I acknowledge that there are particular conditions beyond the experience and qualifications of ABpilates and its instructors. In such a case I will accept ABpilates and its instructor's recommendations and be referred on to a more suitable allied health professional.

Signed \_\_\_\_\_

Date \_\_\_\_\_