

## Studio Pilates and Physical Therapy-First Visit Form

Name: _____		
Address: _____		
Date of Birth: _____	Email Address: _____	
Phone No: _____	Home: _____	Cell: _____
Occupation: _____	Sports/Hobbies: _____	
Emergency Contact: _____	Name: _____	Phone: _____

### PART 1. Your Background and Your Health

1. Does your work/sport involve any of the following: (Please x those that apply)
 

Sitting	<input type="checkbox"/>	Driving	<input type="checkbox"/>	Bending	<input type="checkbox"/>
Lifting heavy weight	<input type="checkbox"/>	Any repetitive action	<input type="checkbox"/>	Standing	<input type="checkbox"/>
2. Are there any movements that cause you pain? Yes  No
3. Do you suffer from back or neck pain Yes  No   
If so, do you know why? \_\_\_\_\_
4. Do you experience pain or restricted movement in any other joints? Yes  No   
(e.g. hip, knee, ankle, elbow, shoulder, hands, feet)
5. Do you experience any pins & needles or numbness or weakness in you arms or legs? Yes  No
6. Have you been diagnosed as hyper mobile (excessive joint mobility)? Yes  No
7. Have you ever been told that you have arthritic joints, osteoporosis or any bone or joints problem? Yes  No
8. Do you have any other condition that may be aggravated by exercise? Yes  No
9. Has your doctor ever said that you have any sort of heart trouble or defect? Yes  No
10. Do you feel pain in your chest when you undertake physical activity? Yes  No
11. Do you experience headaches, loss of balance, feel faint or dizzy, or have you ever lost consciousness? Yes  No   
If so, do you know why? \_\_\_\_\_
12. Do you have high blood pressure? Yes  No   
If "No", is your blood pressure? Normal  Low
13. Do you suffer from asthma, diabetes or epilepsy? Yes  No
14. Are you taking any drugs or medication which may affect your ability to exercise? Yes  No
15. Have you had major surgery in the last 10 years? Yes  No
16. Have you had any other operations or injuries in the last 2 years, (including Caesarean)? Yes  No

17. Have you had a baby in the last 8 months? Yes  No
18. Are you, or could you be pregnant now? Yes  No
19. Is there any reason that you should stop performing physical exercise? Yes  No
20. Have you been referred by another practitioners? Yes  No
21. Do you hereby give permission for us to contact them? Yes  No
22. Have you been given exercises by another practitioner? Yes  No

23. Please list any health problems you suffer, not already mentioned, that may affect your ability to exercise. ***If you have answered YES to any of the questions 2-20 above, we advise that you consult with your medical practitioner before you start Pilates classes. Please give further relevant details, in confidence, to any questions x'd "yes".***

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**PART 2. Your Aims**

1. Will this be your first Pilates exposure? Yes  No
2. What are your reasons for taking up Pilates? Yes  No
3. Do you wish to strengthen a particular area? Yes  No
4. Do you have any health or physical goals for the next 3 months? Yes  No
5. What longer-term health or physical goals would you like to achieve over the next 12 months?

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**PART 3. Important Information - Please read:**

Please advise the instructor before commencing a Pilates class if for any reason, if your ability to exercise changes.

It is inadvisable to do Pilates between weeks 8-16 (inclusive) of pregnancy, unless by special arrangement with the instructor. It is also wise to wait 6 weeks after the birth before resuming exercise.

Pilates exercises are very safe but, as with all forms of physical exercise, it would be prudent to consult your doctor before starting classes. The classes are not a substitute for medical counseling 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 class if:

1. Your doctor has, on health grounds, advised you against such exercise.
2. You fail to observe instruction on safety or technique.
3. Such injury is caused by the negligence of any other participant in the class.

Exercise should be performed at a pace, which feels comfortable for you. PAIN is the body's warning system and should NOT BE IGNORED. Please inform your instructor immediately if you feel any discomfort from exercises performed during a class or from a previous session.

I understand that Pilates exercises involve hands-on correction and I hereby consent for my instructors to work in this way. I confirm that I have read and understood the above advice and that the information I have given is correct.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_