

## Modified Pilates Enrolment form

### General Client Details

Title: ..... Name: ..... Date of Birth: .....

Address: .....

..... Post Code: .....

Telephone number: Home: ..... Work: .....

Mobile: ..... Email Address: .....

GP Name and Address: .....

Please state how you heard about us: .....

### Pilates Aims

Why have you decided to commence Pilates?.....

.....

What aspects of your health would you like to concentrate on?

Core Stability                       Flexibility                       Posture

Strength                               Stress management                       Relaxation

What are the three aims that you are hoping to achieve with Pilates?

1. ....

2. ....

3. ....

### Life Style

What is your Occupation? .....

Does your occupation involve any repetitive movements or prolong postures? If so please briefly explain.

.....

.....

Are you involved in any other Sports or Hobbies? .....

.....

## Health Questionnaire

- 1) Are you **currently** experiencing any of the following conditions?  
Please circle, If Yes please provide further details.

Lower Back Pain	<b>Yes</b>	<b>No</b>	
Pelvic Pain	<b>Yes</b>	<b>No</b>	
Any other Spinal Condition	<b>Yes</b>	<b>No</b>	
Hip or Knee Pain	<b>Yes</b>	<b>No</b>	
Heart Problems	<b>Yes</b>	<b>No</b>	
High or Low Blood Pressure	<b>Yes</b>	<b>No</b>	
Epilepsy (Grand mal seizures)	<b>Yes</b>	<b>No</b>	

- 2) Are you pregnant? **Yes** / **No** If yes how many weeks pregnant are you?.....  
Have you had any complications with your pregnancy **Yes** / **No**. If Yes please give details  
.....  
Have you discussed taking Pilates with your Midwife? **Yes** / **No**

- 3) Have you ever had an episode of Lower back pain? **Yes** / **No**  
If **yes** how many episodes of Lower back pain have you had? .....

- 4) Are you currently receiving treatment for your Lower back pain? **Yes** / **No**  
If **yes** please specify .....

- 5) Circle any of the following conditions that you have been diagnosed with or had treatment for:

Asthma      Arthritis      Diabetes      Stroke      Cancer      Bronchitis      Depression  
ME      Osteoporosis      Other please state.....

### Pilates Participation Informed Consent

The Pilates program will begin at a low level and will be advanced in stages depending on your fitness levels. It is important for you to realise that you are entitled to stop when ever you wish if you feel tired or are in any discomfort.

Whilst every care will be taken to ensure your safety, it is impossible to predict the body's exact response to exercise. Therefore, it is important that you provide the correct information on the enrolment form to minimise any risk.

I understand that as I will be attending as part of a class that the exercise program will not be specifically designed to my individual needs. Although, the class instructor will investigate to highlight any areas of personal weakness and suggest areas for self practice.

I am aware that payment for classes is required in bulk before course of classes, and if I chose not to attend money will not be carried forward to pay for subsequent classes. I am aware that my space is retained for the duration of the term unless I provide notice that I will no longer be attending. Additionally, if I would like to reserve a space in the following term I must provide notice before the present term ends, and that if I do not attend at the start of the term without prior notice that my place in future classes will not be guaranteed.

Signed: ..... Date: .....

## **Bone Health Screening Tool**

After 35 years of age, the difference between the amount of bone that is removed and the amount of bone laid down in your body starts to get out of balance as part of the ageing process.

As a result of this the total amount of bone tissue starts to reduce, often described as 'bone thinning'.

This change in the quality of your bones is much more likely and more significant as you move into later life, which explains why bones become more fragile and fractures become more common in old age.

1 in 2 women and 1 in 3 men over the age of 60 experience fractures, mostly as a result of low bone strength.

There are many other factors that can upset this balance of 'bone remodelling' and lead to osteoporosis.



I would like to use this tool to assess your bone health and ensure I provide you with exercises that do not increase your risk of injury. If necessary I can provide you with alternative exercises with the aim of optimising your bone health. Should it be required I may ask you to consult your GP.

Please answer the following questions.

### Section A

1. Name:
2. Have you been formally diagnosed with Osteoporosis?    **Yes** (go to 3.)    **No** (go to 4section B.)    (Please circle)
3. How is it being managed?    **Lifestyle**    **Medication:** \_\_\_\_\_ (name)    (Please circle)

### Section B

4. Age:
5. Sex:            **Male**            **Female**    (Please circle)
6. Weight (kg):
7. Height (cm):
8. Have you had a fracture in adult life caused by low level trauma:            **No**    **Yes**    (Please circle)
9. Have any of your parents previously fractured their Hip:            **No**    **Yes**    (Please circle)
10. Do you Smoke:            **No**    **Yes**    (Please circle)
11. Have you been taking any of the following medications for the last 3 months or more?  
Prednisone, Prednisilone, Methylprednisilone, Dexamethasone, Hydrocortisone.            **No**    **Yes**    (Please circle)
12. Have you been formally diagnosed with Rheumatoid arthritis:            **No**    **Yes**    (Please circle)
13. Do you have any of the following medical conditions?  
Type I Diabetes. Osteogenesis imperfecta. Untreated long-standing hyperthyroidism. Hypogonadism. Premature menopause (<45 years). Chronic malnutrition. Malabsorption. Chronic liver disease.            **No**    **Yes** (Please circle)
14. Do you drink 3 or more units of alcohol per day:            **No**    **Yes** (Please circle)
15. Femoral neck BMD (g/cm<sup>2</sup>) – (If known) \_\_\_\_\_.