



Personal Details

Registration Form

Name: Date of Birth:

Address:

.....

Telephone (Home): Mobile:

Email:

GP Name & Address:

Health Questionnaire

- Do you currently have any of the following medical conditions? *(tick all appropriate boxes)*

- | | | |
|---|------------------------------|-----------------------------|
| • Any heart conditions or a pacemaker | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Low back pain | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Any respiratory conditions such as asthma | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Cancer | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • High or low blood pressure | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Epilepsy | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Diabetes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Osteoporosis | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Rheumatoid Arthritis | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

- Are you pregnant? Yes ☐ No ☐

- If yes, how many weeks?

- Any complications with this or past pregnancy? Yes ☐ No ☐

- **If yes please discuss with the instructor prior to starting the course.**

Medical History

- Have you ever had back pain? Yes ☐ No ☐ If yes, no of episodes?.....

When was the most recent? Did you have any treatment?

- Have you had spinal surgery? Yes ☐ No ☐ Details.....

- Have you had any operations? Yes ☐ No ☐ Details.....

- Have you had any major accidents or illnesses? (e.g. broken bones, stroke, cancer, heart attack)

- Please state any medication that you are taking:

Lifestyle

- Occupation:

- Have you done Pilates before? (if yes, what level and when).....

- Hobbies/interests (e.g. going to the gym, gardening, walking etc):

Declaration

I declare that the above information that I have provided is correct to the best of my knowledge, and I will inform the instructor of any changes at the earliest opportunity.

Payment is for the 10 classes that take place during the 10 week course.

2x missed classes per course can be made up, subject to availability, within a 6 week period, while you are still enrolled on a course. You must advise us in advance of the class you are unable to attend to qualify for a make up.

Payment is in advance by Direct Debit. Following your initial course, payment will be taken on week 9 for the next course.

Print Name:

Signed:

Date:

01923 283845

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