

## Pilates Client Questionnaire

This questionnaire is designed to gather background information about you and any medical history prior to your pilates assessment. All information will be treated in strictest confidence.

### **1. Your Details:**

**Name:**

**Address:**

**DOB:**

**Email:**

**Tel/Mobile Nos:**

### **2. Your Lifestyle:**

**What is your occupation?**

**Does your occupation involve repetitive movements/activities/postures? Eg. predominantly sitting/deskbased/lifting/bending etc. Please explain:**

**Are you involved in any active sports/hobbies. Yes / No**

**If you are attending Pilates to strengthen for a particular sport, [eg. Skiing], please give specific details ie. level and intensity.**

**Have you had to discontinue or modify your sports/hobbies due to injury. Yes / No If yes, please provide details:**

### **3. Your reasons/expectations for doing Pilates:**

**Have you ever practiced pilates before?**

**Yes / No If yes, what style, i.e. Body control, and for how long:**

**Have you been referred to Pilates by a Health Professional:**

**Yes / No If yes, please provide information:**

**What aspect of your health would you like Pilates to concentrate on? Please tick all that apply:**

**Core stability** \_\_\_\_\_

**Flexibility** \_\_\_\_\_

**Relaxation** \_\_\_\_\_ **Pre-Ski** \_\_\_\_\_

**Strength** \_\_\_\_\_

\_\_\_\_\_ Posture \_\_\_\_\_ Stress Management \_\_\_\_\_  
Other \_\_\_\_\_ Further details:

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**4. YOUR HEALTH:**

Are you currently experiencing any of the following conditions/problems? If yes please give details.

Lower back Pain?	
Pelvic Pain?	
Any other spinal conditions?	
Any orthopaedic conditions?	
Heart problems?	
High or low blood pressure?	
Epilepsy (Grand Mal Seizures)	

**PREGNANCY**

Are you pregnant? Yes / No What is your due date?	
Have you had a baby in the last year? DoB: Was delivery normal or CSection?	

**Past Illnesses, injuries and/or surgery:**

<p>Have you ever had an episode of low back pain? Yes / No</p> <p>If Yes, how many previous episodes have you had?</p>	
<p>Have you suffered from any recent injuries or had any surgery? Yes / No</p> <p>If Yes please give details:</p>	
<p>Any other relevant information:</p>	

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<p>Please circle any of the following conditions that you have been diagnosed with and have or are being treated for:</p>				
Asthma	Osteoarthritis	Stroke	Diabetes	Depression
Bronchitus	Cancer	Dermatitis	COPD	Osteoporosis
<p>Please give details:</p>				
<p>Have you ever had any other major illnesses not included above?</p>				
<p><b><u>NECK PROBLEMS:</u></b></p>				
<p>Do you suffer from frequent headaches?</p>				

Do you suffer from dizziness, which causes loss of balance?	
Do you suffer from numbness, pins and needles or weakness in your muscles?	
<b><u>MEDICATIONS:</u></b>	
Are you currently on any medications, if so please list:	
Have you ever taken anticoagulants [blood thinning drugs], if yes please list:	
Have you ever taken steroids?	
Please list any other health problems that you have which may affect your ability to exercise:	

**PILATES INFORMED CONSENT FORM**

**This Pilates programme will start at a low level and will advance in stages, depending on my fitness level / spinal condition, and any other problems which I have mentioned previously.**

**I acknowledge that it is important for me to exercise at my own speed, and within my own level of comfort and ability. If at any time I am unsure of the way the exercise should be performed, or I experience any discomfort or pain, I will inform the Instructor and stop the exercise immediately.**

**The Pilates Programme of exercises should only be undertaken when I am in a Pilates Class, or when I have been given specific instructions to exercise on my own, and I fully understand the exercises.**

**Any exercise can cause problems, some of which could be serious. These include possible abnormal blood pressure, abnormal heart rhythm, fainting,**

and in rare cases heart attack, stroke, or even death. Whilst every care is taken, it is impossible to predict how your body may respond to any exercise. I acknowledge that every effort will be made to minimise any of these risks, by the Pilates Health Assessment Process undertaken by the qualified Pilates Instructor/Assessor, and by observation during the Pilates classes.

It is always advisable to notify your GP prior to starting any new form of physical exercise.

Please advise the instructor, before commencing the session, if your health, or ability to perform the exercises, has changed for any reason. Pilates sessions are not a substitute for medical advice or treatment, and if you have any doubts about the suitability of the exercises you are doing, you should refer back to your medical practitioner.

The Instructor of the Pilates Class cannot accept any liability for personal injury related to participation in a session if:

- Your Doctor has, on health grounds, advised you against doing such exercise.
- You fail to observe any instructions given on safety and techniques.
- Such injury is caused by the negligence of another participant in the class.

1) Please confirm you are happy that we contact your GP/ consultant to inform them of the findings/outcome of physiotherapy:  
Yes    No

2) Can we use some of your data for audit purposes for Physiofirst Data Collection?  
Yes    No

CAN WE ADD YOU TO OUR EMAILING LIST TO SEND YOU OUR LATEST BLOG ARTICLES AND INFO REGARDING THE CLINIC?    Yes    No

Your details will be added to the following software - ALL PACKAGES ARE GDPR regulated and data is only used for provision of services for JYPhysiotherapy

Clinko Diary management	Yes	No
Rehabmypatient for exercise prescription	Yes	No
Clinical Appointments for bookings	Yes	No

**I CONFIRM THAT I HAVE READ, UNDERSTOOD AND FULLY COMPLETED THE QUESTIONNAIRE**

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_