NORTH LIGHT PHYSIOTHERAPY & PILATES

Pilates Registration Questionnaire

Name_________________________________ **DoB** ________________

Address______________________________ **GP Name**_____________________________

______________________________ **GP Address**____________________________

______________________________ ____________________________

______________________________ ____________________________

Telephone: (H)________________________ ☐ (W)______________________ ☐

(M)______________________ ☐ **E-Mail**______________________________ ☐

(Please check box for preferred contact method)

Please fill out the following health questionnaire as best you can. It will help us to get to know you and what you hope to get from your sessions at North Light Pilates. It is absolutely imperative that you are completely honest about your medical history as certain exercises or positions may be of more benefit for you or some may need to be avoided. Information will be kept confidential and we will not contact any of your care providers without your permission. If there is anything that you are unsure about please speak with the instructor before class. Also it is very important that you keep us notified of any changes in your circumstances. Thanks.

Do you have any injuries at present? YES/NO

BODY PART	SINCE WHEN	AGGRAVATED BY	EASED WITH	TREATMENT

Have you ever been injured? YES/NO

BODY PART	WHEN	TREATMENT	RESOLVED	RECURRANCE

Do you have any niggles or general aches and pains? YES/NO

BODY PART	SINCE WHEN	AGGRAVATED BY	EASED WITH	TREATMENT

Condition	Y	N	Details
Heart problems			
Respiratory problems			
Circulatory problems			
High/Low Blood Pressure			
Osteoarthritis			
Rheumatoid Arthritis			
Other Inflammatory joint disease			
Osteoporosis			
Epilepsy			
Cancer			
Undergoing Radiotherapy			
Previous Fractures			
Previous Surgery			
Pregnancy (current/recent)			
Thyroid Problems			
Diabetes			
Past/Present Steroids			
Warfarin/Anticoagulants			
Allergies (please state)			

Please list current medication and its benefit;

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____ ____

____ ____

SIGN: ____ DATE: _______________________

THANKS FOR YOUR TIME. WE'RE DELIGHTED TO HAVE YOU WITH US.

….. The North Light Physiotherapy & Pilates Team