Pilates Consent Form

Full Name: Usual GP (and practice):

Address:

Date of Birth: **Emergency contact name**:

Mobile: Relationship to you:

Email address: Contact Number:

Dear Participant,

The physical response to exercise varies and cannot always be predicted as every individual is different. While this class is designed for those with aches and pain in mind, it is not designed to treat your pain, specifically. If your pain flares up at any point during the course or you have any other injuries please let the instructor know immediately to allow them to adjust the exercises appropriately.

The Pilates programme will take into account details given in your health questionnaire to ensure your safety throughout; thus the exercises should only be undertaken in this class or when given instructions to exercise on your own. Each session should be seen as a building block for the next class, so you will likely gain the most benefit through full attendance of the course. If at any time you have questions regarding the exercises or the impact it has on your body, please do not hesitate to ask your instructor.

Most sessions will involve the opportunity to use various pieces of equipment, such as resistance bands. Whilst every effort is made to ensure the bands are in good condition, there is always the risk of the band(s) snapping during use and it is for this reason that I have to recommend the use of protective eyewear (glasses do not count) to protect your eyes during class. Protective eyewear is not provided as part of the class; should you wish to use this during class, you will need to bring your own.

As part of the class, pictures and videos are occasionally taken of participants exercising, by the Physiotherapist. Should you wish to opt out of any of these pictures or videos at the time that they are taken, you are very welcome to do so. You are also welcome to view these at the end of class and can request that any pictures or videos including you that you previously consented to, be deleted or taken down in future.

By signing below:

- You acknowledge that you have read the above and agree to notify the therapist if there are any changes in your life which might affect your participation or safety in these classes.
- You agree that the health information you have provided is accurate and complete to the best of your knowledge
- You explicitly consent to the processing of personal and sensitive data you have included in this form and from any interactions with the therapist thereafter, in accordance with the therapist's Privacy Policy.
- You acknowledge that any attendance at subsequent class(es) is taken as consent to that class.

Y / N I agree to receive information about upcoming classes and offers via email or text
Y / N I am happy to be included in videos and photos of the classes that will be uploaded publicly

Name: ……..…… **Signature**: ……. **Date**: ……..

For Subsequent Blocks: Health information checked as unchanged and re-consented to the above (if any significant differences, a new form will needed):

Date: ….. / ….. / ……... **Date**: ….. / ….. / …….. **Date**: ….. / ….. / ……...

Signature: ……..……...…..… **Signature**: ……..……...…..…… **Signature**: ……..……...…..……

Health Questionnaire

Why have you decided to commence Pilates?

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What other sports / fitness activities (if any) do you regularly do?

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Pain at night **Y / N** Unexplained weight loss **Y / N** Night sweats **Y / N** Coordination or balance changes **Y / N**

If **yes** to any of the above, please give details:.....

.....

General Health	**Yes**	**No**	**Details:**
Do you have an underactive / overactive **thyroid**? (or take thyroxine?)	□	□	.....
Do you have any **heart** / **blood pressure** (high / low) problems?	□	□	.....
Do you have **angina** or have a little spray for when you get chest pain?	□	□	.....
Do you have a history of **rheumatoid** or **osteo**arthritis?	□	□	.....
Have you or a member of your family ever been diagnosed with **cancer**?	□	□	.....
Have you ever been told you have reduced bone density / '**osteoporosis**'?	□	□	.....
Are you **epileptic**? If so, when was your last fit?	□	□	.....
Are you **diabetic**? If so is this well controlled or variable?	□	□	.....
Are you **asthmatic** or have any other respiratory problems eg. **COPD**?	□	□	.....
Are you currently taking, or have taken for more than 6 months, any **steroids**?	□	□	.....
Are you on any blood thinners? eg. **warfarin** / aspirin	□	□	.....
Have you had any **surgery** in the last year (or other relevant surgery prior)?	□	□	.....
Have you ever had any **spinal surgery** / procedures or **joint replacements**?	□	□	.....
Have you **broken** / **fractured** any bones in the last year?	□	□	.....
Do you suffer from any regular **aches** / **pains**?	□	□	.....
Do you suffer from **pins and needles** / **numbness** in your arms or legs?	□	□	.....
Are you **allergic** to latex? (Or have any other allergies?)	□	□	.....
Are you generally in good health?	□	□	.....
Could you be **pregnant** or have you **given birth** in the last **6 months**?	□	□	.....
Do you drink? If so, how many units (roughly) per week?	□	□	.....
Do you smoke? If so, how many per day?	□	□	.....
Are you able to **comfortably get into** and **maintain** the following **positions**?: hands and knees, lying on your back, lying on your front and kneeling	□	□	.....

Other **Medical issues** / **aches and pains** (not covered above / further details):

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What **medication** are you taking, if any?:

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Name: Signature: Date: