

Belper Life-Fitness & Performance Physiotherapy

BELPER PILATES STUDIO



Health & Medical Screening

Mr/Mrs/Miss/Ms Name (First/Last):					Date of Birth (D/M/Y)://////								
Address:	City:				Post Code:								
Tel: Mobile:	Work:				Home:								
Email Address:								П					
Emergency Contact Name:		Emerge	ency Contac	t Tel:									
GP Name: GP Surgery/Address:													
How did you here about the clinic:													
Please list any medical history, previous accidents, or	r injuries:_												-
Please list any current medications:													
Plea	ase tick i	f you ha	ave any o	f the follo	wing is	ssues	5						
○ Allergies				∘ HIV, He	epatitis,	or oth	er blo	od dis	eases	or diso	orders		
○ Cancer				 Diabet 	-								
 Arthritis or Inflammatory joint disease 				○ Unexp			-	• •		ered se	ensatior	ı	
\circ Spondylosis or Spondylolisthesis				 Disturbance or bladder or bowel 									
 Recent unexplained weight loss 				 Altered sensation in the saddle area 									
○ Bone disease (e.g. osteoporosis/Pagets)			 Dizzine 	 Dizziness, Drop attacks, or Altered vision 									
o Steroid medication/therapy			 Difficu 	 Difficulty swallowing or speaking 									
• Anticoagulant therapy (e.g. aspirin, warfarin, heparin)			○ Heart o	 Heart or respiratory conditions 									
 Lower or Upper limb weakness 				၀ Night န	 Night pain or night sweats 								
• Previous surgery			 Pregna 	Pregnant or Post Natal									
○ Skin conditions				○ High/lo	○ High/low blood pressure								
o TIA or Stroke				○ Heart o	 Heart disease or pacemaker 								
○ Joint Replacements					 Fibromyalgia/Chronic Fatigue 								
 Depression/Anxiety 				 Breath 	ing diffio	culties							
1. Are you Pregnant or Post Natal? YES	NO		lf Yes h	ow many we	eks/mor	nths?_							
2. Post Natal Ladies: Any history of Pelvic Girdle Pain,	Pubic Sym	physis Dis	order, Diast	asis Recti?	YES			N	0				
3. Have you ever had an episode of low back/neck pai	n?	YES		NO									
If YES how many episodes have you had in the past year? When was the last flare-up?													
With any episodes did you experience pain, numbness, tingling in either leg or arm? YES NO													
Add extra information here:													

Please Tick Below Statements:

- 1. I agree that if my medical circumstances change I will inform Belper Pilate Studio prior to any class: YES O
- 2. I agree to show my health card (issued after the introduction to Pilates session) prior to each class if I have one: YES o
- 3. It is Belper Pilates Studio's recommendation that every attendee completes an individual Pilates Introduction and Assessment (£35 for 1 hour). I agree & have attended o I have chosen not to complete this but I am aware this is recommended o
- 4. I must not attend any class without a 1-2-1 assessment and with our practitioners clearance if I have an injury or pain O

Booking Information and Policy

All of our Pilates Courses that are pre-paid in advance are non-refundable under any circumstances. The pre-payment represents your commitment to all the sessions inclusive of the dates given for that block. These payments are not transferrable to any other course or session. Under circumstances of staff illness or cancellations on our part due to unforeseen circumstances such as weather we will offer an alternative date to replace the missed session, no refunds will be issued. We ask that payment for courses be sent no later than a week before the start date. Payment secures your place and we will not hold a place without payment.

Pilates Participation Informed Consent:

I can confirm I have provided all relevant information regarding my health status and that Belper Pilates Studio will not be held responsible for any injury or ill health occurring during or as a result of the class. I understand that there exists the possibility of certain dangers when exercising. They include abnormal blood pressure, fainting, irregular, fast, or slow heart rhythm, and in rare instances, heart attack, stroke, or death. Every effort will be made to minimise these risks by the evaluation of preliminary information relating to your health and fitness and by observations during exercise.

I understand that I must stop exercising and inform the instructor if I feel unwell, if I have any pain, or if I am unable to do the exercise. I am aware that there are risks of exercising using Pilates equipment (such as a gym ball, Pilates ball, foam rollers, Pilates Reformer, weights) which include falls due to the unstable nature of the exercise. Gym balls on rare occasions may deflate or burst and I understand I am exercising at my own risk with a gym ball. I understand that there is a risk using exercise bands such as breakage or eye injury and I use these at my own risk and understand that it is not compulsory to use them or any other equipment within the class.

I understand that it is recommended that I do a 1-2-1 session prior to attending the mat work classes for safety and to advise on injuries and give exercise alternatives to work round an injury or health problem, of which I have declined/attended.

Signed.....Date.....Date.....

Consent & Data Protection

Please Complete the Statements below

Here at Belper Life-Fitness & Performance Physiotherapy and Belper Pilates Studio we take your privacy very seriously and we only use your personal information to provide the services you have requested from us. We do not share your information with any other parties in relation to your health unless you have given us your consent to do so. You have the right to withdraw your consent at any time regarding the below statements.

1. Would you like to receive text message appointment reminders YES NO

2. Please tick how you are happy to be contacted by us (Please Tick)

Ν

	YES	NO
TEXT		
PHONE		
EMAIL		
POST		
FACEBOOK		

3. Can we leave voicemails on the phone numbers you have provided us (Please Tick)

	YES	NO
MOBILE		
HOME		
WORK		

- 4. Would you like to receive our monthly Pilates Timetable via email (This will let you know of any class changes, cancellations (due to illness, weather, or holidays) and future courses. You can unsubscribe anytime) YES NO
- Approximately 3-4 times per year we send Clinic News or promotional offers via email (such as discounts, vouchers, special occasion offers, open days, free taster sessions). Please Tick if you would like to receive this (you can unsubscribe anytime). See privacy policies for us and MailChimp as required.
 YES
 NO
- 6. Can we email you exercise programs relating to your Physiotherapy Treatment or Pilates Teaching YES NO (These are via Rehab My Patient, visit their website to view their privacy policy)

Jame	Signed	Date
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