

Pilates Registration Form

This questionnaire gathers information about you and your general health before your Pilates course. All information provided will be treated confidentially. The questionnaire should take no longer than 10 minutes to complete.

General Details

Title:Name:Date of Birth.....

Address:

Postcode: Telephone (Home):

Mobile:E-mail:

GP name and address:

How did you hear about Restore?.....

Pilates Aims

Have you ever tried Pilates before? Yes/No

If not, why have you decided to commence Pilates?

If Yes what kind and for how long.....

Have you been referred by a health professional? Yes/No

If yes by whom?

Which aspects of your health would you like to work on in Pilates? *Please circle all appropriate*

Core Stability Strength Relaxation Flexibility Stress Management Posture

Other (please state)

What are the main aims that you are hoping to achieve with Pilates?
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Lifestyle

What is your occupation?.....

Does your occupation involve any repetitive movements or prolonged postures? If so, please briefly explain.
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What sports and/or hobbies are you involved in?

Are you happy for us to contact you about appointments and class times via email? Yes/No