



# Chiltern Physiotherapy Exercise Classes



## Registration Form

### Personal Details

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

Address: .....  
.....

Telephone (Home): ..... Mobile: .....

Email: .....

GP Name & Address: .....  
.....

### Health Questionnaire

• Do you currently have any of the following medical conditions? *(tick all appropriate boxes)*

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| • Any heart conditions or a pacemaker       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Low back pain                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Any respiratory conditions such as asthma | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Cancer                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • High or low blood pressure                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Epilepsy                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Diabetes                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Osteoporosis                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Rheumatoid Arthritis                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

• Are you pregnant? Yes  No

• *If yes, how many weeks?* .....

• Have you had any complications with your pregnancy, or any previous pregnancy?

- ***If yes please discuss with the instructor prior to starting the course.***

Medical History

- Have you ever had back pain? Yes  No 
  - *If yes:* How many episodes? .....
  - When was the most recent episode? .....
  - Did you have any treatment? .....
- Have you had spinal surgery? Yes  No
- Have you had any operations? Yes  No 
  - *Details*.....
- Have you had any major accidents or illnesses? (e.g. broken bones, stroke, cancer, heart attack)  
.....  
.....
- Please state any medication that you are taking: .....

Lifestyle

- Occupation: .....
- Have you done Pilates before? (if yes, what level and when).....  
.....
- Hobbies/interests (e.g. going to the gym, gardening, walking e.t.c): .....

Declaration

I declare that the above information that I have provided is correct to the best of my knowledge, and I will inform the instructor of any changes at the earliest opportunity.

Print Name: .....

Signed: ..... Date: .....

How did you hear about us? .....

**Payment is for the 10 classes that take place during the 10 week course. Missed classes can be made up, subject to availability, within a 6 week period, while you are still enrolled on a course.**

Payment can be made by bank transfer, cash or cheque. If it is of no consequence to you, bank transfer or cash are preferred as they don't incur the charges cheques do and help keep costs down.