

## Pilates Registration Form

This questionnaire gathers information about you and your general health before your Pilates assessment. 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): .....(Work):.....

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? .....

Would you like us to keep you up to date with information about new classes? Yes/No