

Pilates Assessment

Class Member Details

Title.....	Address.....
Name.....
Date of Birth.....
G.P.	Email.....
Address	Home Telephone.....
.....	Work Telephone.....
.....	Mobile.....

Lifestyle

What is your occupation.....

 Does your occupation involve any repetitive movements or prolonged postures? If so, please briefly explain.....

 Do you have any hobbies? Please give details.....

Health Questionnaire. Do you experience any of the following? If so please give details

Low back pain.....	Yes	No
.....		
Pelvic or hip pain.....	Yes	No
.....		
Any spinal problem.....	Yes	No
.....		
Heart problem.....	Yes	No
.....		
Chest problem.....	Yes	No
.....		
Diabetes.....	Yes	No
.....		
Epilepsy.....	Yes	No
.....		

Health Questionnaire Continued

If you have any medical conditions not mentioned above please give details below

 If you have had any operations, please give brief details and dates below

 Please give details of medication you are currently taking

Your Aims

To help me design the right class for you please complete the following

Why have you decided to commence Pilates?

 What aspect of your health would you like to concentrate on?

Core stability	Flexibility	Posture
Strength	Stress management	Relaxation

What are the three main aims that you are hoping to achieve with Pilates
 1.
 2.
 3.

Please note that during this Pilates course you will be expected to move from standing to lying. Would this be a problem for you. Yes No

If yes please give details.....

Print Name Signature Date

Physiotherapist Name Signature Date



The Markland Clinic

PROFESSIONAL PHYSIOTHERAPY

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