

# HELEN RACKOWE PILATES

Health record

## PERSONAL RECORD

Name \_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Telephone/Mobile \_\_\_\_\_

Emergency contact number \_\_\_\_\_

Name/ Tel No of your GP \_\_\_\_\_

Occupation \_\_\_\_\_

Hobbies \_\_\_\_\_

Have you done pilates before? (please give details)

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\_\_\_\_\_

What are your reasons for taking up Pilates?

\_\_\_\_\_

\_\_\_\_\_

What are your personal Pilates goals that you could aim to achieve within the next 6–12 months?

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\_\_\_\_\_

\_\_\_\_\_

Please answer to the best of your ability. Tick if any apply. If you tick any give details *	Y/N		Y/N
Limited joint movement		Asthma or Allergies	
Osteoporosis		Diabetes	
Abdominal Surgery		Chest pain (esp. when exercising)	
Heart Disease		High blood pressure	
Cardiovascular problems		Dizziness/fainting	
Back pain		Arthritis	
Rheumatism		Sciatica	
Knee/joint problems or surgery		Anxiety Attacks	
Pregnant or recently given birth (please give time duration)		Severe headaches	

Are you currently taking any medication?

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Have you had any operations or procedures previously that may be relevant? (i.e. joint surgery, back /neck problems)

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Are you currently under the care of a Physiotherapist, Chiropractor or Osteopath? (Please give details)

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\* Do you have any other concerns about your general health that be relevant in any way to your ability to exercise?

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**Please read carefully. If you do not understand anything, please ask before you sign.**

- I understand that STOTT Pilates exercises involve hands-on correction and I consent for my teachers to work in this way.
- Please inform your teacher immediately if you feel any discomfort during a session. Please also inform the teacher if you felt any discomfort after a previous session.
- Please advise the teacher if you arrive to class feeling not your usual self. Please advise us before commencing any session if, for any reason, your health or your ability to exercise changes.
- I understand that Helen Rackowe will take all reasonable precautions to ensure these sessions are safe. I acknowledge that any physical activity can involve some risk of injury. I assume any such risk and accept responsibility for any injury sustained and discharge Helen Rackowe Pilates from any liability arising from any injury to myself.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

How did you hear about **Helen Rackowe Pilates**?

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**THANK YOU**