PLEASE SAVE THIS FORM TO YOUR COMPUTER BEFORE COMPLETING

Client Enrolment Form for
Healthy Back Classes & Back4Good® Sessions

All information provided will be treated in the strictest confidence

YOUR CONTACT DETAILS

Name

Address

Home telephone number | Daytime telephone number (if different)

Mobile number | Email

Emergency contact (name/number)

SOME INFORMATION ABOUT YOU

Gender | Date of birth | Occupation

Previous occupation(s)

Current recreational activities

Previous recreational activities

How did you hear about the Back4Good® 'Healthy Back' classes?

Have you been referred by your GP or by any other medical practitioner? Yes/No

If yes, please provide any relevant information

Do you give us permission to contact your GP about issues relating to your participation in the Back4Good® 'Healthy Back' class? Yes/No

Will this be the first time that you have practised Pilates? Yes/No

If no, have you previously attended:

Studio ☐ Body Control Pilates Matwork classes ☐ Other Pilates Matwork ☐ At home (book, DVD) ☐

Number of classes attended previously:

0-5 ☐ 5-10 ☐ 10-20 ☐ 20+ ☐

CONTACT DETAILS OF YOUR GP

GP name

Surgery address

GENERAL MEDICAL INFORMATION

DO YOU SUFFER FROM ANY OF THE FOLLOWING? IF YES, PLEASE GIVE DETAILS WHERE REQUESTED:

Diabetes? Yes/No

If yes, please indicate whether IDDM or NIDDM (diet or medication controlled). Are your glucose levels normalised?

High or low blood pressure? High/Low/Normal

If high, is it stabilised with medication and do you have medical clearance to exercise?

Cardiac/heart problems or angina? Yes/No

If yes, do you have medical clearance to exercise?

Do you suffer from any vascular conditions or diseases (DVT, aneurysm, etc...)? Yes/No

If yes, do you have medical clearance to exercise?

Epilepsy? Yes/No

If yes, have your seizures been stabilised with medication?

Asthma or other breathing problems? Yes/No

If yes, do you require medication during exercise?

Do you suffer from digestive complaints (ulcers, reflux, colitis, etc...)? Yes/No

If yes, please give details:

Have you noticed any bowel or bladder dysfunction? Yes/No

If yes, please give details:

Have you noticed any recent unexplained weight loss? Yes/No

If yes, please give details:

Have you ever been diagnosed with any form of cancer? Yes/No

If yes, please give details:

Do you suffer from any neurological conditions or diseases? Yes/No

If yes, please give details:

PREGNANCY

Are you or could you be pregnant at the moment? Yes/No

If yes, please give details:

Have you had any previous pregnancies? Yes/No

If yes, please give details:

Delivery types (please tick where appropriate)

Natural ☐ Caesarean ☐ Assisted ☐ Forceps ☐ Episiotomy ☐

BACKGROUND INFORMATION

Do you suffer from any inflammatory conditions or diseases (such as rheumatoid arthritis, polymyalgia rheumatica, etc…)? Yes/No

If yes, please give details:

Do you suffer from osteoporosis or osteopenia? Yes/No

If yes, please give details, including your T-score if you know it:

Have you ever been involved in a major accident (including motor vehicle accidents)? Yes/No

If yes, please give details:

Have you ever had any surgery? Yes/No

If yes, please give details:

Have you ever suffered any broken or fractured bones (including stress fractures)? Yes/No

If yes, please give details:

Have you ever had or do you have any joint or soft tissue problems/injuries (muscle, tendon or ligament)? Yes/No

If yes, please give details:

Have you been diagnosed as hypermobile (excessive joint mobility)? Yes/No

If yes, please give details:

ABOUT YOUR BACK

If you have, or have had, any lower back pain please provide details here, including approximate date(s) of your first and any subsequent episodes:

Have you ever had any formal diagnosis related to any incidences of lower back pain?

If yes, please give details:

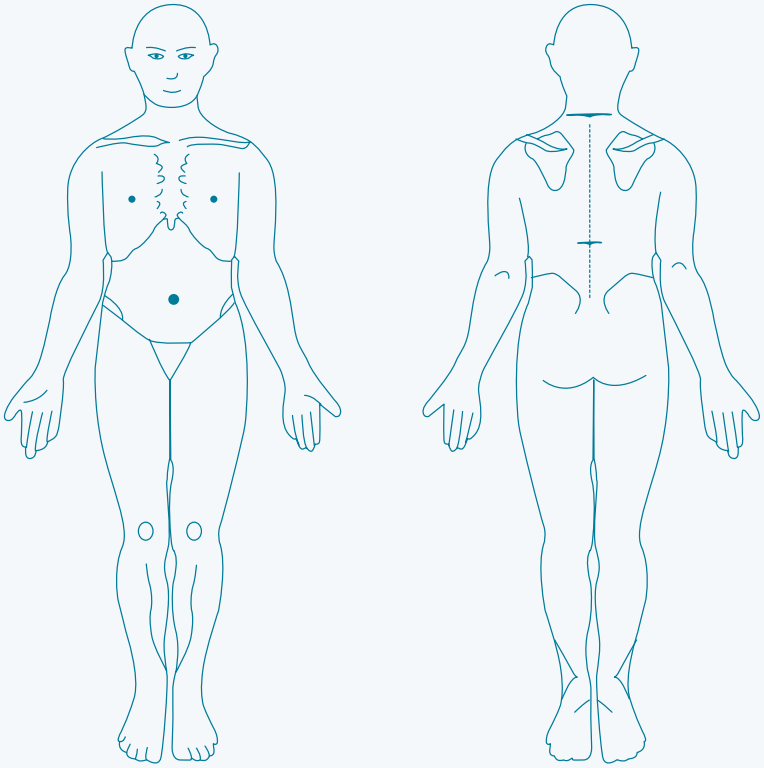
What are your goals and expectations on starting your Back4Good® 'Healthy Back' sessions?

ARE YOU IN PAIN AT THE MOMENT?

PLEASE COMPLETE THIS SECTION ONLY IF YOU ARE CURRENTLY EXPERIENCING LOW BACK PAIN

If you feel pain, please mark on these diagrams where:

(to be completed during your first session)



Please mark on the 0-10 scale below where you feel pain is now, at this moment in time.

NO PAIN — AGONISING PAIN

0 — 10

Please mark on the 0-10 scale below where you feel that the typical average rating of your pain has been over the last seven days.

NO PAIN — AGONISING PAIN

0 — 10

Do you believe your pain symptoms are a direct result of a specific event? Yes/No

If yes, please give details:

Are you taking any pain relieving medication at present? Yes/No

If yes, please give details:

Is your lower back pain (please tick as appropriate)

Improving ☐ Unchanging ☐ Worsening ☐

Is your lower back pain worse in the (please tick as appropriate)

Morning ☐ Afternoon ☐ Evening ☐

What, if anything, reduces your pain/discomfort?

What, if anything, increases your pain/discomfort?

If an activity increases your pain/discomfort, how long does it typically take to increase your level of pain? (please tick as appropriate)

A few seconds ☐ A few minutes ☐ Over 10 minutes ☐ Over 30 minutes ☐

If an activity increases your pain/discomfort, how much does it typically affect your pain levels? (please tick as appropriate)

Just a small increase in pain levels ☐ A moderate increase in pain levels ☐ A high increase in pain levels ☐

If an activity increases your pain/discomfort, how long does it typically take to return to normal after stopping the activity? (please tick as appropriate)

A few seconds ☐ A few minutes ☐ A few hours ☐ A few days ☐

Please list any general activites that you are currently unable to perform because of your level of pain/discomfort (including work):

Please list any general activites that you feel may be directly contributing to your symptoms or reducing your ability to recovery (including work):

Is there any ongoing insurance claim in which your lower back pain has been reported as part of the claim? Yes/No

If yes, please give details:

What are your goals and expectations on starting the Back4Good® programme?

ADDITIONAL INFORMATION

Is there any other information not asked for previously that you feel may be relevant to you attending Back4Good® sessions?

IMPORTANT INFORMATION

Please advise your Back4Good® Practitioner before commencing any session if, for any reason, your health or your ability to exercise changes.

It is inadvisable to do any exercise between weeks 8 to 14 of pregnancy, unless by special arrangement with your Practitioner. It is also wise to wait at least six weeks before resuming exercise (this may vary based on type of delivery).

Back4Good® exercises are very safe but, as with all forms of physical exercise, it is prudent to consult your doctor before starting sessions.

These sessions are not a substitute for medical counselling or treatment. If you have any doubts about the suitability of the exercises, you should refer back to your medical practitioner.

Your Back4Good® Practitioner can accept no liability for personal injury related to participation in a session if:

- your doctor has, on health grounds, advised you against such exercise.
- you fail to observe instructions on safety or technique.
- such injury is caused by the negligence of another participant in the class/studio.

Exercise should be performed at a pace which feels comfortable for you. Pain is the body's warning system and should not be ignored. Please inform your Back4Good® Practitioner immediately if you feel any discomfort during a session. Please also inform the teacher if you felt any discomfort after a previous session.

I understand that Back4Good® exercises involve hands-on correction and I hereby consent for my practitioners to work in this way.

I confirm that I have read and understood the above advice and that the information I have given is correct.

I confirm that my teacher may use the contents of this form, and any other information I may later provide, for teaching purposes, and that this information:

- will be used in confidence and stored securely
- will not, in any circumstances, be shared with a third party without my written consent, unless that party is another (Body Control) Pilates teacher who will teach me.
- may be retained by the teacher for a period of time such as complies with professional, legal and insurance requirements that they must fulfil

I confirm agreement for my teacher to contact me with information on classes and other Pilates-related activities, and understand that I have the right to withdraw this 'consent to be contacted' at any time.

Client signature

Practitioner signature

Date

Date