connecthealthcare

pilates new client form

general information

Title: _____ Surname: _____ First Name: _____

Address: _____ Postcode: _____

Phone (H): _____ (W): _____ (M): _____

E-mail address: _____

Date of Birth: _____ / _____ / _____ Occupation: _____

Emergency Contact: _____ Phone: _____

Referred by: _____

health profile & medical history

Do you current participate in regular exercise? Yes / No *If yes, what kind:* _____

Do you have previous experience in Pilates*? (Circle the relevant answer)*

No / Matwork / Reformer / Barre (Ballet/Pilates/Dance) / Core Yoga

What is your main reason for taking up Pilates? _____

What are your health and lifestyle goals?_____

Have you had, or do you currently have, any of the following conditions? *(Tick the boxes that apply)*

- ☐ High blood pressure
- ☐ Glaucoma
- ☐ Gastric reflux
- ☐ Osteoarthritis
- ☐ Rheumatoid Arthritis
- ☐ Osteoporosis
- ☐ Spondylolisthesis
- ☐ Stenosis
- ☐ Neural tension
- ☐ Neurological disease *(e.g. Parkinson's disease, Multiple Sclerosis, Lou Gehrig's)*
- ☐ Neurological trauma *(e.g. spinal cord or head trauma)*
- ☐ Disc herniation
- ☐ Pelvic instability *(e.g. sacroiliac joint dysfunction, pubic symphysis separation)*
- ☐ Osteitis pubis
- ☐ Total hip replacement
- ☐ Trochanteric bursitis
- ☐ Thoracic outlet syndrome
- ☐ Shoulder impingement
- ☐ Carpal tunnel syndrome
- ☐ Facet joint syndrome

Do you have any injuries, surgeries, illnesses or conditions not listed above that your Pilates instructor should be aware of?_____

_____

_____

For females: Are you pregnant? Yes / No *If yes, how many weeks:* _____

Have you given birth in the past 6 months? Yes / No

Are you currently breastfeeding? Yes / No

patient information

Please read the following information carefully before signing.

1. Fee Policy

1.1 I understand that classes not attended or cancelled with less than 24 hours' notice may incur a charge and that **payment is required at the time of the class.**

2 Cancellation Policy

2.1 We insist on keeping our class sizes small so we can pay extra attention to all our Pilates clients. Therefore, we must be fair and consistent with our cancellation policy.

2.2 We ask that you provide at least 24 hours' notice, so your space can be offered to another client. This will also help you avoid a fee for missed or late notice changes to your bookings.

3 Informed Consent

3.1 As with any form of exercise, participation in our Pilates and fitness classes may involve certain risks to your health and safety.

3.2 Any participants in our classes warrant that you are not suffering from any injury, illness or condition that may prevent you from safely participating in our classes.

3.3 You agree to comply with all directions and guidelines that are given to you by our instructors and staff members with respect to proper and safe participation in our classes.

3.4 Should you suffer any illness or injury, or become affected by any other condition (including pregnancy), you must advise a Connect Healthcare Group staff member or instructor immediately so we can attempt to tailor your program appropriately or seek a medical certificate in order to continue participating in the classes.

3.5 Our instructors are not trained medical practitioners. Our directions, advice and assistance should not be taken as a substitute for professional medical advice.

3.6 Before participating in any class, you must consult a trained medical practitioner to confirm your ability to participate in that class.

3.7 You acknowledge that you may be required to obtain a medical certificate to participate in a class.

3.8 You waive and release any and all claims that you have or may have against Connect Healthcare Group, its employees or contractors for injury sustained by the clinic as a result of participation in physical exercise and activities.

3.9 You acknowledge that you have carefully read this waiver and fully understand that it is a release of liability of Connect Healthcare Group and agree that such a waiver and release is reasonable and proper based on the nature of the services provided by Connect Healthcare Group.

4 Privacy Collection Statement

4.1 We collect patient information so we can provide the best possible patient care. At times we may need to liaise with our patients' **other treating health practitioners and specialists** where appropriate, and with our **patients' guardians** or **other responsible persons**.

4.2 At times we may also be required to liaise with **Medicare** and our patients' **private health insurance funds**, and may need to deal with **lawyers** engaged by our patients, or by their private health insurance fund.

4.3 As such, we may need to disclose or allow access to patient information to others for the purposes listed above. We will never disclose patient information to overseas recipients.

4.4 If a patient does not provide us with the information we request, we may not be able to provide the patient care or products required or otherwise assist the patient.

4.5 Our Privacy Policy contains information about how individuals may access or correct personal information we hold about them, how they can complain about a breach of privacy and how we will deal with such complaints. You can find our Privacy Policy on our website at www.connecthealthcare.com.au or you can ask our reception staff for a copy.

Please tick some or all of the following boxes as appropriate:

☐ I consent to Connect Healthcare Group contacting me to promote their services and products.

☐ I consent to Connect Healthcare Group using and disclosing my personal information for the purposes described above.

Patient signature: _____ Date: _____

Printed name: _____