

Health Assessment Form

Title: _____ Name: _____ DOB: _____

Address: _____

_____ Postcode: _____

Home Number: _____ Mobile: _____

Email: _____

GP Name: _____ GP Address: _____

Emergency Contact Details:

Name: _____ Relationship: _____

Phone Number: _____

Privacy Statement

By signing below, you explicitly consent to us processing the personal data you have included in this form in accordance with our Privacy Policy that is set out overleaf.

We may from time to time send you our Newsletter including details of our goods or services that we feel may interest you, by email or post. This may include special offers, competitions, blog posts, videos and relevant articles relating to Health and wellbeing and surveys to improve our service. You may opt out of receiving such communications at any time.

If you would **NOT** like to receive such offers, please tick below:

By post

By email

Signed: _____ Name: _____

Pilates
Instructor _____ Signature _____

Date _____

Privacy notice

1. How we use your personal data

We are committed to protecting your personal data.

The data we collect from you is as submitted by you on the form overleaf. We may also collect data over the telephone in order to make bookings, arrange cancellations or class swaps.

We will use your sensitive personal data, that is the data (including health data) completed in the remainder of this form, for the purposes of providing our services to you or if we need to comply with a legal obligation.

We will use your non-sensitive personal data to (i) register you as a new client, (ii) manage payment, (iii) collect and recover monies owed to us (iv) to manage our relationship with you, (v) send you details of our goods and services.

Our legal grounds for processing your data are in relation to points (i) to (iv) above are for performance of a contract with you and in relation to (v) above, necessary for our legitimate interests to develop our products/services and grow our business.

We will not share your details with third parties for marketing purposes except with your express consent.

2. Disclosure of your personal data

We may have to share your personal data with (i) service providers who provide IT and system administration support, (ii) professional advisors including lawyers, bankers, auditors and insurers (iii) HMRC and other regulatory authorities (iv) third parties to whom we sell, transfer or merge parts of our business or our assets and/or (v) to other professionals for the purposes of discussing your treatment.

We require all of these third parties to whom we transfer your data to respect the security of your personal data and to treat it in accordance with the law. They are only allowed to process your personal data on our instructions.

3. International transfers

Some of our third party providers are businesses outside of the EEA in countries which do not always offer the same levels of protection for your personal data. We do our best to ensure a similar degree of security by ensuring that contracts, code of conduct or certification are in place which give your personal data the same protection it has within Europe. If we are not able to do so, we will request your explicit consent to the transfer and you can withdraw this consent at any time.

4. Data security

Protecting your data is important to us and we have put in place security measures to prevent your personal data from being accidentally lost, used or accessed in an unauthorised way, altered or disclosed. We also limit access to your personal data to those employees, agents, contractors and other third parties who have a business need to know such data. They will only process your personal data on our instructions and they are subject to a duty of confidentiality.

We have put in place procedures to deal with any suspected personal data breaches and will notify you and any applicable regulator of a breach where

In certain circumstances, you can ask us to delete your data. See the section entitled 'your rights' below for more information.

We may anonymise your personal data (so that you can no longer be identified from such data) for research or statistical purposes in which case we may use this information indefinitely without further notice to you.

5. Data retention

We will only keep your personal data for as long as is necessary to fulfil the purposes for which we collected it. We may retain your data to satisfy any legal, accounting, or reporting requirements so for example we need to keep certain information about you for 7 years after you cease to be a client for tax purposes and in line with medical record keeping.

You have the right to ask us to delete the personal data we hold about you in certain circumstances. See section 6 below.

6. Your rights

You are able to exercise certain rights in relation to your personal data that we process. These are set out in more detail at <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/>

In relation to a Subject Access Right request, you may request that we inform you of the data we hold about you and how we process it. We will not charge a fee for responding to this request unless your request is clearly unfounded, repetitive or excessive in which case we may charge a reasonable fee or decline to respond.

We will, in most cases, reply within one month of the date of the request unless your request is complex or you have made a large number of requests in which case we will notify you of any delay and will in any event reply within 3 months.

If you wish to make a Subject Access Request, please send the request to Physio 2 Pilates, 631 Warwick Road, Solihull, B91 1AR or email admin@physio2pilates.co.uk marked for the attention of the Data Compliance Officer.

7. Keeping your data up to date

We have a duty to keep your personal data up to date and accurate so from time to time we will contact you to ask you to confirm that your personal data is still accurate and up to date.

If there are any changes to your personal data (such as a change of address) please let us know as soon as possible by writing to or emailing the addresses set out in section 6 above.

8. Complaints

We are committed to protecting your personal data but if for some reason you are not happy with any aspect of how we collect and use your data, you have the right to complain to the Information Commissioner's Office (ICO), the UK supervisory authority for data protection issues (www.ico.org.uk).

We should be grateful if you would contact us first if you do have a complaint so that we can try to resolve it for you. We may change this Privacy Notice from time to time and shall notify you of any changes. We are legally required to do so.

Name: _____ Date of Birth _____

Pilates Aims

Why have you decided to commence Pilates? _____

Has your GP or Health Professional recommended that you start Pilates? Yes/No

If yes, please state who _____

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

Core Stability Flexibility Posture Pelvic Floor Training Toning Relaxation

What are the three aims that you are hoping to achieve with Pilates?

- 1. _____
- 2. _____
- 3. _____

Lifestyle

Are you currently working? If so, what is/was your Occupation? _____

Does your occupation involve any repetitive movements or prolong postures? If so, please specify

Are you carrying out any other sports and/or hobbies? _____

Do you frequently carry out some form of exercise, if yes state? _____

Medical Questionnaire

1) Has there been any change in your medical history since last attending classes? Yes / No

If yes, please give further details in section 9 below

2) Have you ever had an episode of low back pain? Yes / No

3) If yes

- a. How many **previous episodes** of low back pain have you had? _____
- b. Have you **ever** experienced the following: Pins & Needles / Numbness / Bladder or Bowel problems / Weakness when walking / Pelvic pain
- c. Do you have any of these symptoms **at present**?
Pins & Needles / Numbness / Bladder or Bowel problems / Weakness when walking / Pelvic pain

4) Do you or have you suffered from any degree of incontinence? Yes / No
 If **yes**, is it when (please highlight) Coughing / Sneezing / Laughing / Exercise

Name: _____ Date of Birth _____

5) Have you recently had any injuries or surgery? If yes, please specify with approx. date/year Yes / No

6) Do you **currently** have any of the following conditions? **If yes, please include further details on question 9**

Lower Back Pain	Yes / No	Anaemia	Yes / No
Pelvic Pain	Yes / No	Chronic Bronchitis	Yes / No
Any other Spinal Condition	Yes / No	Incompetent Cervix	Yes / No
Any orthopaedic conditions	Yes / No	Placenta Previa	Yes / No
Heart Problems	Yes / No	Risk of Premature Labour	Yes / No
High or low Blood pressure	Yes / No	Preeclampsia	Yes / No
Joint problems	Yes / No	Joint Replacements	Yes / No

7) Please circle any of the following conditions that you have been **diagnosed with or had treatment for**:

Asthma	Arthritis	Osteoporosis	Diabetes	Cancer
Bronchitis	Depression	Epilepsy	Dermatitis	Stroke

8) **Are you pregnant?** Yes / No

If yes, how many weeks? _____ Expected date of delivery _____

Have you had any complications during this or a previous pregnancy? Yes / No

If yes, please give details

9) **Are you under the doctor for any medical condition not already mentioned** Yes/ No

Please include any Back, Neck or Joint pain including any surgery and/or any Investigations in this section

Name: _____ Date of Birth _____

Cont.

10) Please give details of any current medication that you are taking

Any other Information:

Name: _____ Date of Birth _____

Pilates Participation, Mat work and Reformer, Informed Consent:

The Pilates program will begin at a low level and will be advanced in stages depending on your fitness levels. It is important for you to realise that you are entitled to stop whenever you wish if you feel tired or are in any discomfort. There exists the possibility of certain dangers when exercising; abnormal blood pressure, fainting, irregular / fast or slow heart rhythm. Whilst every care will be taken to ensure your safety it is impossible to predict the body's exact response to exercise. Therefore, it is important that you provide the correct information on the enrolment form to minimise any risk. It is essential that you make the instructor aware of any changes to your medication or health. **It is recommended that you discuss with your GP or Health professional prior to commencing any new exercise programme and we recommend an assessment with one of our Physiotherapists if you have any medical conditions.**

I understand that as I will be attending as part of a class and that the exercise program will not be specifically designed to my individual needs, although the class instructor will highlight any areas of personal weakness and suggest areas for self-practice. I agree to work at my own level and inform the instructor of any problems during the session. I have read and understood all the information given to me and completed the registration form in full and consent to take part in a Pilates class run by Physio 2 Pilates.

The instructor can accept no liability for personal injury related to the participation in a class if:

- 1) Your doctor has, on health grounds, advised you against such exercise.
- 2) You fail to observe instructions on safety of an exercise.
- 3) Injury is caused by the negligence of another participant in the class.
- 4) Misuse of any Equipment

Classes may involve the use of equipment such as TheraBand, small balls or balance pads etc., this is optional and done at your own risk.

- 5) Incorrect use of the Pilates Reformer. If you have any problems during the sessions, please let the instructor know immediately.

I am aware that classes are booked in blocks and payment is due at the time of booking to secure my place. Payment for classes is non-refundable or transferrable.

Participant Name: _____ Signature: _____

Instructor Name: _____ Signature: _____

Date: _____ Parents Signature if under 18: _____