

C L I E N T R E G I S T R A T I O N F O R M

Name:		Phone:	
DOB:		E-mail:	
Address:			
		Post code:	
GP Practice:			
Emergency Contact Name:		Phone:	

Medical History (Please Tick or Cross)

Do you have or have you suffered with a heart condition or circulatory problems (e.g. high/low blood pressure, angina, thrombosis)?	
Do you or have you ever suffered with a respiratory disorder (e.g. COPD, asthma, COVID)?	
Do you or have you ever suffered with a neurological disorder (e.g. seizures, loss of sensation, stroke, Parkinson's, MS)?	
Do you ever feel pain in your chest when you under take physical activity?	
Have you had any major surgery in the last 10 years/minor surgery in the last 2 years?	
Do you suffer from an abdominal issue/condition/complaint (e.g. IBS, hernia, mesh repair)?	
Do you ever feel faint, have spells of dizziness or lose consciousness?	

Do you have any joint problems (e.g. back, knee or hip) that could be made worse by a change in physical activity?	
Have you been diagnosed with osteopenia/osteoporosis?	
Are there any movements that cause you pain?	
Are/could you be pregnant or have you had a baby in the last 6 months?	
Are you currently taking medication that may affect your ability to exercise?	
Do you know of any other reason why you should not participate in physical activity?	

If you have ticked a box in the table above, please provide more information here:

Please answer the following:

What is the most important thing you would like to achieve in these classes?

Is there anything in particular Phoebe can do in a class to help you enjoy the classes and feel comfortable? (Such as, giving tactile feedback during the class to assist you in to good alignment and so that you can feel you are working the correct muscles)

Is there anything you would like Phoebe to know about you or your preferences before attending the class?

Important Information

1) My commitment to you

- a. All information collected from/about you will be stored with the strictest confidence. None of your details will be made available to, or shared with, third parties unless permission to do so is granted by you. The information that I collect is necessary for me to provide the best service for you.
- b. I will always work within my scope of knowledge and qualifications. If I personally believe that it is in your best interests to see another health professional, I will advise you to do so. If I have any concerns with regards to your health that may be compromised in my classes, I may ask for you to consult your doctor to confirm these classes are appropriate for you.
- c. If for any reason I should need to cancel a class, I will contact you at least 6 hours prior to the start time.
- d. I may ask to take images for social media and advertisement. Please cross out this line and inform me if you are not comfortable to have photos of yourself shared online.
- e. The APPI (Australian Physiotherapy and Pilates Institute) advise working in a 'hands-on' method to help correct alignment and assist in muscle activation. Please note underneath your declaration if you are not comfortable with this.

2) Your responsibilities to me

- a. To your best knowledge, you have filled in the medical history form accurately and have informed me of any information about yourself that may put you at risk when performing physical activity. You will keep me updated of any changes to your medical history (such as, medication you are taking, injuries, allergies) as soon as is practical. If necessary, I may ask for you to seek clearance from your doctor before the participation of any classes I provide.

b. You accept any risks that come with exercising as your own responsibility. While there are many benefits for a majority of people when it comes to exercise, there are always risks of potential issues and injuries. Please sign the declaration on this form to confirm that you are aware of this and that you will take responsibility for any injury or physical issue that occurs in or out of my classes. I can accept no Liability for injury if you neglect to inform me of pain during a class or have been advised against physical exercise by your doctor.

c. You can cancel a class and receive a refund up to 24 hours before the class start time. After this time no refund will be given.

Payments and bookings

You can reserve a space on a class by contacting Phoebe. Spaces are confirmed on payment.

Currently, payments will need to be sent via bank transfer. Please inform Phoebe if this will be an issue and we can discuss options.

Declaration

"I _____ confirm that I have completed the Medical history form to the best of my knowledge and have declared any condition known to me that may contraindicate the practice of all physical activity. I have read the 'Important Information' and agree to comply with all statements within the document. I am aware that if I choose not to take medical advice, or to disregard any advice given to me by my instructor, I do so voluntarily and accept liability for any resulting injuries or damage. I confirm that I have full confidence in the information that I have provided for Phoebe Barrow to use, to provide the best service possible and to be stored with the strictest confidence."

- **By signing you also confirm you are happy with the Privacy Policy displayed on the website <https://phoebearrow.wixsite.com/website/about-7>**

Client

Signature: _____

Date: _____

Instructor

Signature: _____

Date: _____