

Pilates Registration Form

| Client | Details | |
|---------|--|--------------------------------|
| • | Full Name: | |
| • | Date of Birth:// | |
| • | Address: | |
| • | Phone: | Email: |
| • | Emergency Contact (Name & N | umber): |
| | | |
| Medic | al Background | |
| Parkin | son's Diagnosis: | |
| • | Year of Diagnosis: Neurologist/Consultant: | |
| • | Current Hoehn & Yahr Stage (if | known): □ 1 □ 2 □ 3 □ 4 □ 5 |
| 1. Hov | v would you describe your curre | nt level of physical activity? |
| • | ☐ Not active | |
| • | \square Lightly active (occasional wa | lks/housework) |
| • | ☐ Moderately active (some reg | gular exercise) |
| • | ☐ Very active | |
| | | |
| 2. Do y | ou have any difficulty with walk | king or balance? |
| • | \square No difficulty | |
| • | \square Some difficulty | |
| | | |

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□ Significant difficulty

| 3. How far can you usually walk (with or without a walking aid)? | | | |
|--|--|--|--|
| • ☐ Less than 100 metres | | | |
| □ About 500 metres | | | |
| □ 1 kilometre or more | | | |
| | | | |
| 4. Do you use any walking aids (stick, frame, other)? | | | |
| • □ No | | | |
| • ☐ Yes — please specify: | | | |
| | | | |
| 5. Do you have difficulty with daily activities (e.g., dressing, cooking, standing up from a chair)? | | | |
| ■ No difficulty | | | |
| ■ Some difficulty | | | |
| ■ Significant difficulty | | | |
| | | | |
| 6. Do you experience stiffness, tremor, or fatigue that affects your movement or exercise? | | | |
| • □ Rarely | | | |
| • Sometimes | | | |
| • □ Often | | | |
| | | | |
| 7. How confident do you feel about exercising safely? | | | |
| ■ Very confident | | | |
| □ Somewhat confident | | | |
| ■ Not confident | | | |
| | | | |
| 8. What are your main goals for joining this exercise programme? (Open answer) | | | |

| General Health & Medical History Please tick if you have any of the following: ☐ Heart condition ☐ High/low blood pressure ☐ Respiratory condition ☐ Osteoporosis/arthritis ☐ Joint replacement ☐ Back/spinal issues ☐ Diabetes ☐ Stroke/TIA ☐ Other neurological condition ☐ Other medical condition (please specify): |
|--|
| Medication |
| Parkinson's medication (names & times): |
| Other regular medications: |
| Consent & Agreement |
| I confirm that the information provided is accurate to the best of my knowledge. |
| I understand that I should inform the instructor of any changes to my health. |
| I consent to participate in Reformer Pilates sessions, tailored to my needs. |
| |
| Signature: |
| Date: / / |