COMPLETE PHYSIO COMPLETE PILATES

Patient Registration / Assessment Document
CONFIDENTIAL

Please print and complete this form to bring with you to your initial session

General Information

First Name: _____ Surname: _____

Address: _____

Postcode: _____ Date of Birth: _____ Sex: ☐ Male ☐ Female

Tel: _____ Email: _____

How did you hear about Complete Pilates? _____

Medical Information

Do you have Private Medical Insurance? ☐ Yes ☐ No

Provider: _____ Policy Number: _____

Authorisation Number: _____

GP Name: _____

GP Address: _____

Referring Clinician: _____

Reason for Referral: _____

Rehabilitation Goals:

☐ Core Stability ☐ Posture ☐ Strength ☐ Flexibility

☐ Injury Rehabilitation ☐ Injury Prevention

☐ Other (please specify) _____

General Information

Occupation: _____

Activity levels within the last 2 years (type, frequency, duration): _____

Have you previously participated in Pilates? ☐ Yes ☐ No (if yes please give details):_____

COMPLETE PHYSIO COMPLETE PILATES

Patient Registration / Assessment Document
CONFIDENTIAL

Medical History

Do you have a history of or are you currently experiencing any of the following:

___Difficulty with physical exercise	____Cardiovascular Disorder	____Glaucoma
___Diagnosed muscle, joint or spinal disorder	____Hernia	____Sciatica
___High Cholesterol	____Rheumatoid Arthritis	____Child Birth
___Diabetes	____Respiratory Disorders	____Recent Surgery
___Epilepsy	____Dizziness	____Other (please specify)
___Osteopenia, Osteoporosis, Osteoarthritis	____Asthma	

Are you currently on any medication? (If yes please give details): _____
_____

Please give a brief description of your past medical history: _____
_____

Females Only

Are you pregnant or have you been pregnant within the last 6 months? _____

If yes how many weeks? _____ Due Date: _____

Do you have any pregnancy related conditions? (If yes please specify and detail whether you have consulted a Doctor):
_____

Have you ever had a C-Section? ☐ Yes ☐ No (If yes please date): _____

Have you ever received clinical treatment or rehabilitation for a pregnancy related injury? ☐ Yes ☐ No

(If yes please specify): _____

Disclaimer

I acknowledge that I have voluntarily agreed to participate in the Rehabilitation Pilates programme designed and administered by the employees of Complete Pilates Medical Ltd based on their qualified professional judgement. I agree that any medical or physical injury has been declared and that I have not been restricted from participating in rehabilitation from any Medical Practitioner. I also acknowledge that if there are any changes to my health I will notify the Medical Practitioner at Complete Pilates Medical for further assessment. I acknowledge that participating in any physical activity presents some unavoidable risk of injury and take full responsibility for injuries which may occur. I recognise that changes may occur as a result of the rehabilitation programme including but not limited to; short term aggravation of symptoms and fatigue. I also acknowledge that should I experience any pain, dizziness, or discomfort during the exercises I will report my symptoms to the Medical Practitioner.

I hereby confirm that the information provided is to the best of my knowledge correct and current.

Name: _____ Signature: _____ Date:____/____ /_____

COMPLETE PHYSIO COMPLETE PILATES

Patient Registration / Assessment Document
CONFIDENTIAL

Terms and Conditions

Fees and Attendance

1. All fees are payable in advance in the amounts notified by Complete Pilates Medical Ltd. Complete Pilates Medical Ltd will issue an official receipt for payments made if requested. This will be in the form of an email attachment
2. Patients will be charged in accordance to the current fee structure. Complete Pilates Medical Ltd reserve the right to alter this without notice.
3. If a patient intends to use private medical insurance to fund sessions, they must either pay upfront and claim back directly from their insurance provider or provide evidence that full payment will be received.
4. All block purchases must be used within the time period stipulated. Although regular time slots may be made, this is not guaranteed to be with the same Medical Practitioner and can be changed without notice. Refunds will not be made if another appropriate Medical Practitioner can be found to take over sessions. All refunds must be agreed with Director Helen O'Leary.
5. Patients agree to be punctual and recognise that Complete Pilates Medical Ltd are under no obligation to compensate any patients in any manner for any lost time as a result of late attendance.
6. Complete Pilates Medical Ltd have absolute discretion regarding the mode of instruction including class size and sessions. All individual sessions are semi-private with rehabilitation space being shared.
7. All patients are required to complete the New Patient Introductory block of two sessions to allow full biomechanical assessment and a rehabilitation programme to be developed as appropriate to each patient. This also acts as a screening tool for all group classes. Complete Pilates Medical Ltd have the discretion to refuse access to group classes if the Medical Practitioner does not deem them appropriate for the patient.

Booking

1. Any patient who is unable to attend a pre-booked session must give 24 hours cancellation notice. In case of any session booked for a Monday or day following a public holiday, cancellation must be given no later than the working day closest to the confirmed session. Complete Pilates Medical Ltd reserve the right to charge fully for any missed or cancelled appointment.
2. Drop in and 30 minute appointments are allowed subject to the absolute discretion of the Medical Practitioners at Complete Pilates Medical Ltd.
3. Complete Pilates Medical Ltd reserves the right to cancel any sessions or any part thereof as a result of an emergency, weather conditions or any unexpected or unforeseen circumstances in respect of any one patient. In this event the patient may not be entitled to any refund or cash compensation.
4. No session or booking registered in the name of any patient is transferable or assignable to any other patient or person.

Safety

1. Patients must strictly adhere to safety rules and regulations as posted on any equipment or in the Studio or as communicated to the patients by any person employed by Complete Pilates Medical Ltd. Patients agree to wear appropriate clothing when attending any appointment.

Disclaimer and Waiver

1. Patients accept that as with any rehabilitation programme, each individual patient responds differently. No representation or guarantee is made as to the results and benefits of any such programme or as to the time frame within which results or benefits can be obtained.
2. The undersigned patient agrees to join Complete Pilates Medical Ltd and participate in all rehabilitation programmes and appointments entirely of his / her own free will, acknowledging the risk of each appointment individually.
3. The undersigned acknowledges responsibility for their own personal belongings.
4. The undersigned agrees to share any information provided by any Medical Practitioner working outside Complete Pilates Medical Ltd which relates to their physical condition or injury. The patient also agrees to provide contact details for any person who is jointly responsible for the rehabilitation of the patient to ensure free communication between parties.
5. The undersigned agrees not to hold Complete Pilates Medical Ltd or any of its Medical Practitioners, Rehabilitation Specialists, Directors, Shareholders, Student Teachers, Independent Contractors, Landlord or any owner, member, volunteer, equipment suppliers or staff liable whatsoever for any injuries or illness sustained during or in connection with any appointment. The undersigned waives and releases Complete Pilates Medical Ltd from any and all claims, demands, rights of action, or causes of action either present or future, whether known or unknown which may come about as a result of participation in this programme. The undersigned affirms that he / she is of legal age or is a parent / adult guardian representing a minor and freely signs this agreement.

I hereby declare that I have fully read and understood all the terms and conditions aforementioned.

Name: _____ Signature: _____ Date:____/____ /_____

COMPLETE PHYSIO COMPLETE PILATES

Patient Registration / Assessment Document
CONFIDENTIAL

Medical Practitioner SOAP Notes
Patient Name
Assessment / Injuries / Observations / Goals

Date & Session Number	OBSERVATIONS; Exercises set, Progress Highlights, Symptoms, Difficulties	Instructor Initials	Reviewed By

COMPLETE PHYSIO COMPLETE PILATES

Patient Registration / Assessment Document
CONFIDENTIAL

Date & Session Number	OBSERVATIONS; Exercises set, Progress Highlights, Injuries, Difficulties	Instructor Initials	Reviewed By