

Name:

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How did you hear about us?

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Who referred you to us?

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Do you have any existing injuries, aches or pains? Please describe them (even old injuries). e.g. low back pain, ankle/knee ligament injury, broken collar bone...

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Have you had any fractures/surgeries? Describe.

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Have you had any comprehensive medical tests done to diagnose your condition & Date? e.g. X-ray, CT scan, MRI...

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Are you currently undergoing any other therapy? e.g. Massage, Physio, chiropractic...

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Do you have any other health concerns? e.g. asthma, high/low blood pressure, diabetes...

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Are you currently experiencing/ have you experienced any of the following in the past 3 months?  
Balance issues, pins/needles, vision problems, numbness/tingling, dizziness, shortness of breath?

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Are your current symptoms getting better, slowly improving, not changing, or getting worse?

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Which situations increase your pain, discomfort or decreased mobility? sitting, standing, walking, running, stairs, lifting, overhead reaching, squatting, bending, twisting...

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How frequently do you feel pain? e.g. Constantly ( more than 75% of time), frequently ( 50-75% of the time), occasionally ( 25-50% of the time), intermittently ( 0-25% of the time)

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Are you/ were you involved in any sports, athletics, exercise/training program, physical activity? Please describe.

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Have you had any Pilates or suspension training? If yes, where?

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What is your occupation? What activity does your typical day involve? e.g. Sitting at a computer, lifting...

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What are your goals? What do you want to achieve the most from this programme? e.g. strengthen core, correct posture, post-injury rehabilitation, acute pain relief, increase strength & mobility...

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