



Form of Authority

If you are regularly seeing a practitioner, it would be extremely helpful to get their input / advice, so that we can ensure that your Pilates programme complements their treatment.

Please complete the rest of this page to give your permission for your practitioner to share your details and then ask them to complete the section overleaf.

Thank you.

Rob Filmer

Mobile: 07971 814303

Email: rob@gatewaytobalance.co.uk

I authorise my Osteopath / Physiotherapist /
Chiropractor, to supply details of my
back / neck or relevant physical condition to Rob Filmer my Pilates Instructor.

Practice Name:

Practice Address:

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.....

Postcode:

Signed:

Print name:

Date:



Client Referral Confirmation

To: Osteopath / Physiotherapist / Chiropractor / GP

To enable me to work more specifically and for your patient to gain a quicker and more effective result from Pilates, it would be extremely helpful to work with a greater understanding of their symptoms/complaint.

I would be grateful if you would confirm that you are happy for your patient to exercise and to give me brief details of their injury/movement limitation(s), specifying any particular requirements.

Client Name	
Nature of injury / problem	
Contraindicated movements	
What do you feel Pilates exercises should focus on? <i>(e.g. an area that requires mobilising or stabilising)</i>	

I confirm that the above-named client is safe to exercise.

Signed:

Print name:

Date:

Practice Tel:

Thank you in advance for taking the time to respond to this request. If you have any further queries / concerns, please do not hesitate to contact me (Mobile: 07971 814303 / Email: rob@gatewaytobalance.co.uk)