



Osteoporosis Supplementary Enrolment Form

All information will be treated in the strictest confidence.

Please note that the standard **Client Enrolment Form** should be completed in addition to this form.

Personal Details:

Name:	
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Emergency Contact Details: *(only complete if these details have changed)*

Name:		
Telephone No.	Home:	
	Mobile:	

Osteoporosis Risk Factors:

Please tick the boxes for any of the following if they apply to you – if you are unsure about a particular question, please ask.

1. Is there any history of Osteoporosis/Osteopenia in your family?

If you ticked the above box, please list which relatives were affected and whether they suffered any fractures as a result (especially hip fractures):

2. *(If applicable)* Did you have a hysterectomy, or was your menopause, before the age of 45?
3. *(If applicable)* Were/Are your periods irregular?
5. Do you have a history of fractures?
6. Do you have a Scoliosis (i.e. rotation) in your spine?
7. Do you have a Kyphosis (i.e. rounded upper back/shoulders)?
8. Have you noticed any loss of height?
9. Are you lactose intolerant?
10. Do/Did you smoke?
If Yes: How many per day? _____
11. Do you drink alcohol?
If Yes: What is your typical daily consumption? _____
12. Do drink coffee / tea / sodas (with caffeine)?
If Yes:What is your typical daily consumption? _____
13. Have you experienced from any of the following: chronic diarrhoea; Coeliac Disease; Ulcerative Colitis; Crohn's Disease; surgical removal of stomach / small intestine?
14. Have you ever been diagnosed with an eating disorder?
15. Have you been diagnosed with any vision impairment?
16. Have you been diagnosed with any balance impairment?
17. Have you been diagnosed with any neurological impairment?



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- 18. Do you take any sleep medications?
- 19. Do you take any thyroid medication?
- 20. Do you take corticosteroid tablets (for conditions such as asthma / arthritis)?
- 21. Have you taken long-acting Benzodiazepines (e.g. valium)?
- 22. Have you ever been diagnosed with a lack of Vitamin D?
- 23. Has a medical professional (including a qualified nutritionist) told that you have a high salt **and/or** a high-protein diet?
- 24. Have you ever had a medical condition that has led to you be immobile for a prolonged period?

Health Screening:

Please tick the boxes for any of the following if they apply to you – if you are unsure about a particular question, please ask.

- 25. Have you been diagnosed with Osteoporosis (or Osteopenia) –
If Yes: Please specify which? _____
- 26. Have you ever had a bone density scan (e.g. DEXA)?
If Yes: When was the date of your last scan? _____ / _____ / _____
(If known) What is the T-Score for your Hip? e.g. -2.5 SD _____
(If known) What is the T-Score for your Spine? e.g. -2.5 SD _____
- 27. What is your height? (please specify feet/inches or metres) _____
- 28. Have you been prescribed any medications / supplements to aid bone density?
If Yes: When did you start taking them: _____ / _____ / _____
- 29. If you have been diagnosed with Osteoporosis (or Osteopenia), please confirm that you have checked with your GP/specialist as to your ability to do Pilates.

Confirmation:

Exercise should be performed at a pace that feels comfortable for you. **Pain** is the body's warning system and **should not be ignored**. Please advise the teacher before commencing a session if for any reason your ability to exercise has changed.

These sessions are not a substitute for medical counselling or treatment. If you have any doubts about suitability of the exercises, you should refer back to your medical practitioner. The teacher cannot accept liability for personal injury related to participation in a session if:

- Your doctor or specialist has, on health grounds, advised you against such exercise.
- You fail to observe instructions on safety or technique.
- Such injury is caused by negligence of another participant in the class / studio.

If you have any emergency medication (e.g. asthma inhaler, angina spray, EpiPen etc.) please ensure that you bring them to all lessons/classes.

I understand that Pilates exercises involve hands-on correction and I hereby consent for my teacher to work in this way. Please note the instructor operates a discretionary 24-hour notice cancellation policy for private lessons.

I confirm that I have read and understood the above advice and that the information I have given is correct.

Signed.....

Date.....