

Corporate Class Intake Form

PHYSIOTHERAPISTS MACQUARIE STREET

BRAD MCINTOSH
MANAGING DIRECTOR
Doctor of Physical Therapy
BSc (ExSci), MPT, DPT, CSCS
Member APA, Member SMA

STUART BAPTIST
DIRECTOR
BSc (Hons) Physio, Reg. PT
Member APA, Member CFA

LAURA SILCOCK
PHYSIOTHERAPIST
BPhysio
Member APA

VIRGINIA SHERRIFF
DIRECTOR
BPhysio
Certified Pilates Practitioner
Member APA

BLAIR CHAPMAN
PHYSIOTHERAPIST
BHKn MPhy
Member APA

KATE BROCKLEHURST
PHYSIOTHERAPIST
B HSc (Physiotherapy)
Certified Pilates Practitioner
Member APA

TANYA BOWDEN
PHYSIOTHERAPIST
BSC (ExSci), MPhy

DAN KELLY
SENIOR PHYSIOTHERAPIST
B.App.Sc.(Phy) Cred.MDT
Member APA Member SMA

PHYSIOTHERAPISTS PITT STREET

GEOFF BROCKENSHIRE
DIRECTOR
BSc (ExSci), MPhy
Certified Pilates Practitioner
Member APA

KERRY JACOBS
SENIOR MUSCULOSKELETAL &
SPORTS PHYSIOTHERAPIST
BPhy (Hons), M MSK SportPhy
Member APA Member MPA

MARTIN HALL
SENIOR PHYSIOTHERAPIST
B.Sc (Hons) Physiotherapy
B.Sc (Hons) Sport Science

MESSAGE THERAPIST MACQUARIE STREET

SIMON POXON
SENIOR MESSAGE THERAPIST
Dip Rem Mass, DN certified
Dip Int Body Therapy, AMT

Title _____ First Name _____ Last Name _____

Phone _____ Email _____

Address

Current or previous injuries:

What are you hoping to achieve from Pilates? (eg. Rehabilitation, injury prevention, fitness)

Please list any long term Medications:

I understand that when participating in any exercise or exercise program, there is the possibility of physical injury. By engaging in this exercise or exercise program, I agree that I do so at my own risk, am voluntarily participating in these activities & assume all risk of injury to myself.

I have read and agree to the above statement.

Signed:

Date: