



PERSONAL DETAILS AND HEALTH QUESTIONNAIRE

This form is confidential and will be stored as such

Please give details where appropriate

Name Date of birth

Address

Email address

Occupation Contact telephone number

Please answer the following questions so you can exercise safely and maximise your potential. If you have any doubts on your suitability to exercise, consult your GP.

Height Weight

Hobbies

Sport

Do you have any problems with the following:

- Heart Breathing High blood pressure Low blood pressure
 Diabetes Spinal problems (eg. disc, low back pain, etc.) Neck Joints Other

Please give details

Have you had major surgery in the past 3 years?

Have you been pregnant in the past 3 years?

Are you taking regular medication? (eg. pain killers, steroids, etc.)

Are there any movements that cause you pain? (Please give details)

Do you wish to strengthen a particular area?

What is your current exercise programme?

Please advise the instructor if for any reason your ability to exercise changes. It is inadvisable to do Pilates between 8-14 weeks of pregnancy. It is wise to wait six weeks after the birth before resuming Pilates.

The instructor can accept no liability for personal injury related to participation in a class if:

- (a) your doctor has, on health grounds, advised you against such exercise.
- (b) you fail to observe instructions on safety of an exercise.
- (c) injury is caused by the negligence of another participant in the class.

The above information is correct and I consent to instruction in Pilates exercises.

Signature Date