

# PILATES HEALTH QUESTIONNAIRE

This form is confidential and will be stored with care.

<b>Name:</b>	
<b>Date of birth:</b>	
<b>Address:</b>	
<b>Email:</b>	
<b>Telephone:</b>	
<b>Occupation:</b>	

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

<b>Your current exercise programme:</b>
<b>Do you wish to strengthen a particular area?</b>
<b>Have you had any major surgery in the last 3 years?</b>
<b>Are you taking regular medication (eg pain killers, steroids etc)?</b>

**Are there any movements which cause you pain?**

**If you have problems with any of the following please tick and give details:**

<input type="checkbox"/>	HEART	<input type="checkbox"/>	BREATHING	<input type="checkbox"/>	HIGH BLOOD PRESSURE
<input type="checkbox"/>	LOW BLOOD PRESSURE	<input type="checkbox"/>	DIABETES	<input type="checkbox"/>	SPINAL PROBLEMS (EG DISC OR LOW BACK PAIN)
<input type="checkbox"/>	NECK	<input type="checkbox"/>	JOINTS	<input type="checkbox"/>	OTHER

**Have you been pregnant in the last 3 years?**

(It is inadvisable to do Pilates between 8-14 weeks of pregnancy and it is advisable to wait six weeks after birth before resuming Pilates)

I consent to you processing my personal health data which is necessary to enable you to assess my suitability to attend pilates classes on Zoom.

**Please advise me if for any reason your medical conditions change or there is any reason affecting your ability to exercise.**

I cannot accept liability for personal injury whilst participating in 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 class.

The above information is correct and I consent to instruction in Pilates exercises. Under the Data Protection Regulation, I consent to you contacting me on the details above about classes provided by me or issues relating to those classes.

**Signature:**

**Date:**