

Pilates Health Questionnaire

1. Are you currently or have you ever experienced any of the following?			
	If Yes please give further detail	Yes	No
Low back pain			
Pelvic pain			
Any other spinal condition			
Any other orthopaedic condition			
Heart problems			
High or low blood pressure			
Epilepsy (Grand mal seizures)			
2. Are you pregnant? If so how many weeks pregnant are you?			
3. Have you had any complications with your pregnancy? If Yes, please give details.....			
4. Have you ever had an episode of low back pain?			
5. If yes, how many previous episodes of low back pain have you had?			
6. Have you had any recent injuries or surgery? If yes, please give details.....			
7. Circle any of the conditions that you have been diagnosed with or have had treatment for:			
Asthma Arthritis Stroke Diabetes Depression Bronchitis Cancer Dermatitis			

PILATES PARTICIPATION INFORMED CONSENT

The Pilates programme will begin at a low level and will be advanced in stages depending on your fitness level. We may stop the exercise session because of signs of fatigue or excessive strain. It is important for you to realize that you may stop when you wish because of feelings of fatigue or any other discomfort.

There are certain dangers when exercising, including abnormal blood pressure, fainting, irregular, fast or slow heart rhythm, and in rare instances, heart attack, stroke or death. Whilst every care will be taken, it is impossible to predict the body's exact response to exercise. Every effort will be made to minimize these risks by evaluation of preliminary information relating to your health and fitness and by observations during class. Emergency equipment and trained personnel are available to deal with unusual situations that may arise.

With certain conditions a degree of undressing may be required during the assessment (if undertaken) and that the Pilates instructor will explain this at the time. The Pilates programme will be specifically designed as a personal training plan, and will take into account details given in this health questionnaire and assessment. Therefore, this programme of exercise should only be undertaken when in a Pilates class, or when you have been given specific instructions to exercise on your own.

I understand that it is important that I exercise at my own rate, comfort and ability and if at any time I am unsure of an exercise or I am experiencing any pain I will stop the exercise and inform the instructor. I understand that should my health or ability changes I will inform the instructor before commencing any exercise session.

Signed

.....Date.....

THIS INFORMATION IS PROTECTED BY THE GENERAL DATA PROTECTION REGULATIONS (2016).

Our privacy policy is available to view on our website and at the practice