

Health questionnaire

Your details

Name

Address

Telephone

Mobile

Date of birth

Email

How did you hear about our class?

Your aims

Have you done Pilates before (please ✓)?

Yes

No

What is your goal from attending Physio Led Pilates classes?

Your health

Please list below any health problems including any history of muscle or joint pains, any history of osteopenia or osteoporosis

Are you allergic to latex (please ✓)?

Yes

No

Please note that the exercise band used in the class contains latex and you must inform the instructor if you are allergic.

If you are pregnant, or think you might be pregnant, please complete the Pregnancy questions on page 2.

Please sign the Pilates participation consent on page 2 .

Instructor assessment

Risk assessment (please ✓)?

Yes

No

Give risk assessment details and outline the measures to be taken below

I confirm that I have discussed any measures to be taken with the client.

Print Name

Sign Name

Date

PHYSIOLED PILATES

Pregnancy

Are you pregnant (please ✓)?

Yes

No

If yes, how many weeks pregnant are you?

/ Weeks

Have you had any complications with your pregnancy?

Yes

No

If yes, please give details below

If you are pregnant, please check through the following list and ✓ if you have any of the following

Severe anaemia	<input type="checkbox"/>	Maternal cardiac arrhythmia	<input type="checkbox"/>
Chronic Bronchitis	<input type="checkbox"/>	Poorly controlled Type 1 Diabetes	<input type="checkbox"/>
Very sedentary lifestyle	<input type="checkbox"/>	Intrauterine growth restriction	<input type="checkbox"/>
Poorly controlled hypertension	<input type="checkbox"/>	Orthopaedic limitations	<input type="checkbox"/>
Poorly controlled epilepsy	<input type="checkbox"/>	Heavy smoker	<input type="checkbox"/>
Significant heart disease	<input type="checkbox"/>	Restrictive lung disease	<input type="checkbox"/>
Incompetent Cervix	<input type="checkbox"/>	Expecting twins or triplets etc	<input type="checkbox"/>
Persistent second or third trimester bleeding	<input type="checkbox"/>	Placenta previa after 26 weeks gestation	<input type="checkbox"/>
Premature labour during current pregnancy	<input type="checkbox"/>	Ruptured membranes	<input type="checkbox"/>
Preeclampsia / pregnancy induced hypertension	<input type="checkbox"/>		

Information sharing consent

I agree to my class instructor sharing any of the health information that I provide with any of the other Physio Led Pilates instructors who may be working with me in a class.

Yes No

I agree to my initials being shared on a closed swap link which only other class members and Physio Led Pilates staff have access to.

Yes No

Privacy policy agreement

I have read and understood the Privacy Policy and Terms and Conditions of booking*.

Yes No

Pilates participation informed consent

The Pilates program will begin at a low level and will be taught and progressed in stages depending on your health and body control. It is important to note however, that you have the individual responsibility to stop any exercise because of signs of fatigue, excessive strain or discomfort and that you may stop at any time you wish. You also have the responsibility to notify the class instructor of any problems you are experiencing at class to enable them to make adjustments to your programme accordingly.

There exists the possibility of certain dangers when exercising. They include abnormal blood pressure, fainting, and irregular, fast or slow heart rhythm and in rare circumstances 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 minimise these risks by evaluation of preliminary information relating to your health and fitness and by observations during exercising.

I understand that the Pilates exercises given in class will take into account the details given in my health questionnaire. I confirm that the information provided in this health questionnaire is correct and I will keep the instructor informed if there are any further changes to my health.

Full name

Signed

Date
