Please complete this form so that your instructor/clinician can help you get the most out of Pilates in a safe way. Some of the questions are screening questions to assess if you would be at risk attending a group exercise class. They are for your safety. Please put as much detail as you can. If there isn't enough space, please continue on the back. All information will be held in a secure environment and treated confidentially.

Full Name:……Date of Birth:……

What you would like to be called in class: ……

Address: ……

……

Email Address: ……

Telephone Number: ……

GP Name and Address:……

……

Why do you want to do Pilates, and do you have any goals?

……

……

……

Briefly list the type of activities you do on a day to day basis either at home or at work.

……

……

Are you normally involved in any sports and/or hobbies?

……

……

Health Questionnaire

Please circle the correct answer. If you have answered yes to any question, please give more detail on the reverse of this form.

Have you suffered from Heart Trouble? ..... Yes/No

Do you suffer from chest pain? ..... Yes/No

Do you lose your balance because of dizziness or feel faint? ..... Yes/No

Do you suffer from high or low blood pressure or are medically managed because of it? ..... Yes/No

Do you suffer from Asthma, or any other breathing complaint? ..... Yes/No

Do you suffer from epilepsy? ..... Yes/No

Are you pregnant? If yes, how many weeks pregnant are you? ..... Yes/No

Do you suffer from any bone or joint complaints? ..... Yes/No

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.....

Have you had any Spinal or joint Surgery in the past? ..... Yes/No

Please circle any of the following conditions that you have been diagnosed with or have had treatment for:

Diabetes **Depression** **Cancer** **Stroke**

What medication if any are you taking?

.....

.....

.....

Is there any other medical information you feel we should be aware of before you start Pilates?

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Pilates Participation and Informed Consent

Your Pilates may be taught one to one in person, in a class in person or online in a virtual class or via a video link.

The Pilates program will begin at a low level and will be advanced in stages according to your fitness level and other coexisting medical conditions. We may stop the exercise session because of signs of fatigue or stress. It is important that you realize you can stop at any point if you wish, due to discomfort or fatigue.

There are certain risks when exercising. These include abnormal blood pressure, changes in heart rhythm, fainting and in rare instances heart attack or death. Whilst every care will be taken, it is impossible to predict each person's response to exercise. Every effort will be made to minimize these risks by evaluation of the information you have provided on this form.

I will report to my instructor any changes to my medical status before starting a session of Pilates and any adverse reactions whilst exercising. I understand that with some conditions, when being assessed, a certain amount of undressing may be required.

Signed:..... Date:.....

Pilates for Life Harrogate

Sarahbaker51@hotmail.com tel 07766928527