



CLIENT QUESTIONNAIRE

This questionnaire is to gather background information about yourself and your medical history and must be completed prior to you participating in a pilates session. It should take no longer than 10 minutes to complete. All information given will be treated in the strictest confidence.

ABOUT YOU

Name:

D.O.B

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Age:

Gender:

Occupation:

Address:

Postcode:

Tel:

Mobile:

Email address:

Next of Kin:

Tel:

Doctor/GP:

Tel:

Address:

YOUR HEALTH & FITNESS

The information shared in this questionnaire allows your Pilates teacher to gain a better understanding to your physical ability and fitness level. Group classes are set at levels Beginners, Intermediate and Advanced. The information supplied will enable the teacher to gauge at what level you are at and if 'one to one' sessions would be better suited due to any medical or health conditions.

If you answer 'YES' to any questions, please give details.

- 1 Do you have prior Pilates experience?
a) If **YES**, how long and where?

- 2 Do you have any current injuries/physical problems that may affect your ability to exercise safely
- a) Musculoskeletal – back / neck joints / disc problems / muscle strains / fractures / hip/knee replacement, etc

- b) Cardio vascular – heart, blood pressure, respiration (asthma) etc.

- c) Balance Problems, dizziness

- d) Have you had surgery

- e) Pregnancy (pre or post natal) – How many weeks

- If **YES** you will also be required to complete a **Pre/Post Natal form**.
- f) Degenerative conditions – arthritis, osteoporosis, MS etc

- 3 If you answer **YES** to any of the conditions stated above:
- a) Have you been cleared to exercise by your medical practitioner (GP, Osteopath, chiropractor, surgeon, therapist (please specify)

- b) Is your practitioner aware you are attending these classes

Please note: the information stated above is private and confidential and will only be discussed between client and teacher and will not be used for any other purpose. If any of the above needs to be discussed or clarified with your medical practitioner please supply contact details and please give your practitioner authorisation to discuss your case with Rebecca Hosking.

SIGNED CONSENT

In signing this form I acknowledge that I understand the nature and level of the Pilates matwork session. If participating in a group session, I must take responsibility for my own body and stop exercising if I experience either during or between classes anything that may be exercise related.

I understand that although the teacher may offer alternatives to exercises, individual correction is not always possible in a group Pilates matwork situation.

I also understand that while the teacher may offer me professional advice relating to my ability to exercise and that she may consider it unprofessional to continue to teach me if I do not wish to follow such advice.

Signature _____

Name _____

Date

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