

HEALTH SCREENING QUESTIONNAIRE & INFORMED CONSENT FORM



Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Telephone No Mobile \_\_\_\_\_

Occupation \_\_\_\_\_

Emergency Contact \_\_\_\_\_

1) Has Pilates been recommended to you by a health/medical practitioner? **Yes** **No**

If YES, please give details.

\_\_\_\_\_

**2) If any of the following apply to you please select 'Yes' and give details in space below:**

	Yes	No		Yes	No
Diabetes			Cardiac/Heart Condition		
High/Low BP			Respiratory condition/Asthma		
Epilepsy			Osteoporosis/Arthritis		
MS/ME/Parkinson's			Pregnancy within last 6 months		
Major Surgery			Other Health Issue/s		

3) Physical Conditions/History

**If any of the following apply to you please select 'Yes' and give details in space below:**

	Yes	No		Yes	No
Joint Replacement/Injuries			Fractures/Plates/Pins		
Neck Condition/Injury			Restricted Movement		
Shoulder/Elbow Condition/Injury			Spinal Surgery		
Wrist/Hand Injury/condition			Muscle Injury/problems		
Back Condition/Injury			Ligament injury		
Hip/Knee Condition/Injury			Tendon injury		
Ankle/Foot Condition/Injury			Other		

**HEALTH SCREENING QUESTIONNAIRE & CONSENT** Continued/...

4) Do you have previous Pilates experience? NO If YES, please give details:

Mat Classes / Studio Sessions and/or Private Mat/ Equipment

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How long did you Practise Pilates for? \_\_\_\_\_

5) In brief, what are you hoping to achieve from your session/class?

Whilst every effort is made to keep sessions both safe and effective there is a risk of injury as with any programme of activity. I am participating of my own free will. I hereby state that I have read, understood and answered this pre-exercise health screening questionnaire honestly.

I confirm that my teacher may use the contents of this form, and other information I may later provide, for teaching purposes, and that this information will be used in confidence and stored securely for a period of time to comply legal and insurance requirements. It will not be shared with a third party without my written consent. I confirm agreement for my teacher to contact me with information on classes and other Pilates-related activities. I understand that I have the right to withdraw this 'consent to be contacted' at any time.

Signature \_\_\_\_\_

Date \_\_\_\_\_