



PILATES HEALTH QUESTIONNAIRE

Before filling out this form, please call me for an initial chat. You will only need to complete the form once we have arranged a time for your initial assessment.

Name: _____	Date of Birth: _____
Address: _____	
Town: _____	County: _____ Postcode: _____
Telephone. Home: _____	Work: _____
Mobile Number: _____	
Email: _____	
GP Name & Address: _____	
Please state how you heard of Marple Pilates: _____	

1. Are you currently experiencing any of the following conditions? If yes, please give further detail in the right hand column. Should you need more room, please use the end of the form.

Low back pain	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Pelvic Pain	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any other spinal condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any other orthopaedic conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Heart Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
High or low blood pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Epilepsy (Grand mal seizures)

Yes No

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

3. Have you had any complications with your pregnancy? Yes No . If yes, please give details

4. Have you ever had an episode of low back pain? Yes No If yes, how many **previous episodes** of low back pain have you had?

5. Have you had any recent injuries or surgery? Yes No If yes, please give details

6. Circle any of the following conditions that you have been diagnosed with or have had treatment for

Asthma

Arthritis

Stroke

Diabetes

Depression

Bronchitis

Cancer

Dermatitis

Pilates Aims

Have you done Pilates before? _____

Why have you decided to commence Pilates? _____

What aspect of your health would you like to concentrate on?

Core stability

Flexibility

Posture

Toning

Strength

Stress Management

Relaxation

What are the three main aims that you are hoping to achieve with your Pilates program?

1) _____

2) _____

3) _____

Lifestyle

What is your occupation? _____

Does your occupation involve any repetitive movements or prolonged postures? If yes, please briefly explain.

What other sports and hobbies are you involved with?

PILATES PARTICIPATION INFORMED CONSENT

The Pilates program 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 realise that you may stop when you wish because of feelings of fatigue or any other discomfort.

There exists the possibility of certain dangers when exercising. They include 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 minimise these risks by evaluation of preliminary information relating to your health and fitness and by observations during exercising.

I understand that with certain conditions a degree of undressing may be required during the assessment, and that the Pilates instructor will explain this to me at the time. I understand that the Pilates program will be specifically designed as a personal training plan, and will take into account details given in my health questionnaire and assessment. Therefore, this program of exercise should only be undertaken when in a Pilates class, or when I have been given specific instructions to exercise on my own.

Please note payment is for the course and there is no refund for missed sessions.

THIS INFORMATION IS PROTECTED BY THE DATA PROTECTION ACT 1984

Signed..... Date.....

I confirm that I have read and understood the above advice and that the information I have given is correct.

Signed- _____

Print name: _____

Date: _____

Teacher: _____

Date _____

All information given will be treated in strictest confidence.