

Shape it up

Pilates

Health Form

www.shapeituppilates.co.uk

Your completed questionnaire will be kept strictly confidential.

Name		
Address		
Date of Birth		
Telephone		
E-Mail		
Is your blood pressure :	Normal?	Low?
Have you had major surgery in last 10 years?	Yes	No
Have you had minor surgery in last two years?	Yes	No
Do you suffer from asthma?	Yes	No
Do you suffer from diabetes?	Yes	No
Do you suffer from epilepsy?	Yes	No
Have you ever been diagnosed as hypermobile	Yes	No
Have you been pregnant recently? (last six months)	Yes	No
Has your doctor ever said you have heart trouble?	Yes	No
Do you frequently have pains in your heart or chest?	Yes	No
Has your doctor ever told you that you have a bone or joint problem such as arthritis that will be aggravated by exercise or might be made worse by exercise?	Yes	No
Have you had a back injury which affects your movement or comfort level?	Yes	No
Have you had a neck injury which affects your movement or comfort level?	Yes	No
Have you had a shoulder injury which affects your movement or comfort level?	Yes	No
Is there any good physical reason, not mentioned here, why you should not follow an activity, even if you wanted to?	Yes	No

If you answered YES to any one or more questions, please see your instructor.

Additional information overleaf

If you answered NO to all questions you have a reasonable assurance of your present suitability for an appropriate exercise programme.

Additional Information: Please give us more details about your injury/condition:

'I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury. I will work at an appropriate level for myself and stop if I feel pain or discomfort, and inform my instructor.'

Signed: _____ Name: _____ Date: _____