



The aim of this questionnaire is to gather background information about yourself and your medical history prior to your pilates class. All information will be treated confidentially.

Full Name:.....

Date of Birth:..... **Current age:**

Address:

.....**Post Code**

Contact Number:



About you (optional)

What do you hope to gain from attending pilates?

.....

How did you hear about us?

.....

Please complete the Physical Activity Readiness Questionnaire (PAR-Q) on the next side

Physical Activity Readiness Questionnaire (PAR-Q)

Have you ever suffered from heart trouble?	YES / NO
Are you presently taking any form of medication? If yes, please state:	YES / NO
Do you suffer from chest pains?	YES / NO
Do you ever have spells of dizziness or feel faint?	YES / NO
Have you ever had either high or low blood pressure, and/or high cholesterol level? If yes, please state:	YES / NO
Have you ever had asthma, chronic bronchitis or any other chest ailments? If YES Please indicate:	YES / NO
Do you suffer from back pain or <u>any</u> orthopaedic problem? If YES please indicate which:	YES / NO
Do you suffer from severe headaches or migraines?	YES / NO
Are you recuperating from a recent illness/operation or injury? If YES please expand:	YES / NO
Do you have any medical condition that we should be aware of? If YES please expand:	YES / NO
Are you pregnant? If yes, how many months?	YES / NO
Is there any history of heart disease in your immediate family (under the age of 55)	YES / NO
Do you have any specific joint problems? e.g neck pain If Yes, please state:	YES / NO

PLEASE NOTE: If you answered YES to any of questions 1-13, you are advised to seek medical advice/approval before taking part in exercise classes.

I agree to the following:

1. I have been informed both verbally and in writing that if I answer YES to any of questions 1-13 of this questionnaire, I should seek medical advice/approval before commencing an exercise programme and/or induction.
2. If I wish to continue without such advice I do so entirely at my own risk.
3. I confirm that I have read, fully understood and answered the above questions honestly.
4. It is my responsibility to update and inform my pilates instructor of any change to my health.
5. I understand that I am taking part in Pilates as a form of group exercise and that the Physiotherapist leading the class is unable to offer specific Physiotherapy treatment, assessment or diagnosis to my individual needs.
6. I understand that my Pilates Instructor cannot be held responsible for any injuries or ill health arising from my participation in the exercise programme.

Signed: _____

Date: _____

Print Name: _____

Pilates Informed Consent

I hereby state that I have read, understood and answered honestly the questions on the Physical Activity Readiness Questionnaire (PAR-Q). I wish to participate in physical activities that will include a Pilates warm-up preparation phase involving standing and lying exercises and a main mat based Pilates session with floor-based exercises. These could involve use of small equipment such as a resistance band, blocks, foam rollers or Pilates balls. The session will also include flexibility exercises.

There exists the possibility of certain dangers when exercising; abnormal blood pressure, fainting, irregular/fast or slow heart rhythm, falls, or other musculoskeletal injury. Whilst every care will be taken to ensure your safety it is impossible to predict the body's exact response to exercise. Therefore, it is important that you provide the correct information on the PAR-Q form to minimise any risk. It is essential that you make the instructor aware of any changes to your medication or health and listen to their instructor carefully. I realise that in participating in exercise, I may be at risk of injury and even the possibility of death. I hereby confirm that I am participating voluntarily.

Signed: _____

Date: _____

Print Name: _____

Class Instructor: _____

Date: _____

Instructor Signature: _____