

Health Questionnaire

1) Are you currently experiencing any of the following conditions?

Low Back Pain	If yes, please give further detail	Yes	No
Pelvic Pain	If yes, please give further detail	Yes	No
Any other spinal condition	If yes, please give further detail	Yes	No
Any other orthopaedic condition	If yes, please give further detail	Yes	No
Heart Problems	If yes, please give further detail	Yes	No
High or low blood pressure	If yes, please give further detail	Yes	No
Epilepsy (Grand mal seizures)	If yes, please give further detail	Yes	No

2) Are you pregnant? If yes, how many weeks pregnant are you? _____

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

4) Have you ever had an episode of low back pain? Yes No

5) If yes, how many **previous episodes** of low back pain have you had? _____

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

7) 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 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 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 that payment is required in advance and that refunds cannot be given.

THIS INFORMATION IS PROTECTED BY THE DATA PROTECTION ACT 1984

Signed: _____ Date: _____