

Pilates Class Health History Form

Please complete the following questionnaire about your past and present state of health: (all information is confidential)

Name			
Address			
Post code		Mobile	
D.O.B		Email	
Emergency Contact			
Where did you hear about the class			
Reason for attending Pilates class?			
Any previous Pilates experience?			

Do you have or have you suffered from any of the following:

Please outline in full on reverse

Physical Handicaps	Yes/No
Hypertension or raised blood pressure?	Yes/No
Conditions associated with heart disease?	Yes/No
Do you have an irregular heartbeat?	Yes/No
Family history of coronary heart trouble?	Yes/No
Epilepsy or respiratory trouble?	Yes/No
Diabetes?	Yes/No
Back Trouble? When did start? Have you had physio/osteo treatment What brings it on?	Yes/No
Arthritis or stiffness of the joints?	Yes/No
Past injuries? (Detail on reverse)	Yes/No
Have you had surgery in the past year?	Yes/No
Are you taking any medication that might affect you during exercise? Do you take painkillers?	Yes/No
Are you planning to be or have you recently been pregnant?	Yes/No
Do you suffer from stress - in what way? (i.e. muscle tension?)	Yes/No
Do you have any other medical conditions or past illness not previously mentioned?	Yes/No
Do you smoke? Have your ever smoked?	Yes/No
Do you have Osteoporosis	Yes/No

Any other relevant comments:

I confirm that I have / have not sought advice from my G.P/ Physiotherapist/ Osteopath before commencing this exercise programme and have revealed to the best of my knowledge anything which may affect me as a result of exercise. If I choose not to consult my G.P, I do so at my own risk.

Signed.....

Dated.....

Please add me to Essential Wellbeing's newsletter to receive up to date news on classes Yes/No