

## Pre Pilates Assessment



Please print carefully. This questionnaire is important for your instructor's future reference. Your information will remain strictly confidential.

Name:  Address:	Tel: Mobile: E-mail:  DOB: Occupation: Emergency name and tel:
-----------------------	--

How did you find out about me:

Have you practiced Pilates before? Y ( ) N ( ) If yes, how long ago?  
Please indicate how many sessions you attended: 0-10 ( ) 10-20 ( ) 20+ ( )  
Do you know what type of Pilates it was? (e.g. STOTT, Body Control, APPI, Fitness Pilates)

**Medical History**

Have you been cleared to exercise by your doctor, Physio etc?

Do you have any joint or muscular aches and pains or and past/current injuries? (please give dates)

Have you had any surgery, which may have left scar tissue or weakened muscles? (please give dates)

Do you have any heart problems or high blood pressure?

Do you suffer from any respiratory problems (e.g. asthma) or any shortness of breath/dizziness during exercise?

Do you suffer from any other medical conditions that might affect your ability to exercise safely (e.g. diabetes, Epilepsy, Osteoporosis)?

Could you be pregnant or have you had a baby recently? Yes ( ) No ( ) Due date/Birth date:

Additional pregnancy information

Do you currently play any sport or undertake regular exercise? (Specify)

Have you played any sports in the past? (Specify)

Does your work or daily lifestyle involve heavy lifting, driving or long hours sitting down?

Are there any positions you find uncomfortable (cross-legged, lying on your front, kneeling etc.?)

What do you hope to achieve from your Pilates training?

Is there any other information not covered above that your Pilates Instructor should be aware of?

Name and contact details of Therapist/Health Professional (if applicable)

**\*\* Please note that if you have any of the following symptoms you are advised to check with your GP that you are fit and able to participate in Pilates exercise:**

Acute joint pain or injury – Burning or shooting pain/discomfort – Undiagnosed chronic pain/discomfort – Pregnant or post-natal – High blood pressure – Major surgery in last 12 months – Dizzy spells – Shortness of breath – Tightness in chest – Osteoporosis – Heart disease\*\*

### Terms & Conditions

The Pilates programme devised for you will be based on sound teaching practise and the information you have provided above. You must therefore inform your instructor about any change in your medical condition as soon as you become aware of it. If you experience any pain or dizziness during an exercise class you should stop and consult your doctor. If you injure yourself in any way during an exercise class you should inform your Pilates Instructor at that time. I declare that I have filled out this questionnaire truthfully, comprehensively and to the best of my ability.

**I understand that I exercise at my own risk. I accept the above terms and conditions and agree to abide by them:**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### INSTRUCTOR NOTES: