

## Pilatesbody4u Health Questionnaire

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ E mail \_\_\_\_\_

Telephone number \_\_\_\_\_

Occupation \_\_\_\_\_ Doctors Surgery \_\_\_\_\_

Do you have any of the following? Please tick

Heart Problem	<input type="checkbox"/>	Chest Pain	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Diabetic	<input type="checkbox"/>	Low Blood Pressure	<input type="checkbox"/>
Epileptic	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Joint/Bone Problems	<input type="checkbox"/>
Oedema	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Varicose Veins/Thread Veins	<input type="checkbox"/>
Back Problems	<input type="checkbox"/>	Knee Problems	<input type="checkbox"/>	Shoulder Problems	<input type="checkbox"/>
Muscle ache	<input type="checkbox"/>	Feel faint or dizzy	<input type="checkbox"/>	Rheumatism	<input type="checkbox"/>
Sciatica	<input type="checkbox"/>	Foot/Hand Problems	<input type="checkbox"/>	Ankylosing Spondylitis	<input type="checkbox"/>
Spondylosis	<input type="checkbox"/>	Piriformis Syndrome	<input type="checkbox"/>	Spondylolisthesis	<input type="checkbox"/>
Pregnant	<input type="checkbox"/>	Suffer from Headaches or Migraine			<input type="checkbox"/>
Undergone any operation in the past two years					<input type="checkbox"/>

Is there anything that has not been mentioned that you feel you need to discuss before starting exercise? (Please continue on the back of this form if required)

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Please consult with your doctor if you feel you are unsure about taking part in an exercise/Pilates programme

I understand that I am voluntary taking part in exercise/Pilates/personal training/massage and that I take full responsibility during the exercise programme/personal training or massage

I agree to photos or videos being taken during classes to be used for promotional purposes YES NO

Emergency Contact Name \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

**Please sign name and date** \_\_\_\_\_

# Pilatesbody4u Health Questionnaire

Continuation sheet

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## ***PilatesBody4U Use Only***

Usual class: \_\_\_\_\_

Date / time of free taster session: \_\_\_\_\_

Post taster information: \_\_\_\_\_

On mailing list: \_\_\_\_\_

On master sheet: \_\_\_\_\_