



Health questionnaire

The answers to the following questions are required to ensure maximum safety and effectiveness of your Pilates programme.

Name: _____ DOB: _____
Address: _____ Tel: Home _____
Work _____
Mobile _____

E-mail address: _____

Please briefly state why you want to attend a Pilates class (e.g. Toning, improve posture)

Are you **currently** experiencing problems with any of the following conditions?

	No	Yes
Low back pain		
Neck pain		
Problems with any other joints		
Any recent surgery		
Heart or breathing problems		
Epilepsy		
Are you pregnant?		
Osteoporosis or Low bone density		
Any other medical conditions?		

If yes please give details:

If you have answered yes to any of the above questions it is important that you discuss your condition with your instructor so that we can advise you of any modifications you may need to make when taking part in the class.

The Pilates programme will begin at a low level and will be advanced in stages depending on your fitness level. It is important that you stop if you experience any signs of fatigue or discomfort. Please inform the instructor immediately if you become pregnant or are diagnosed with any of the above conditions whilst attending the classes.

Class day and time:

Signed:

Date: