

## HEALTH STATUS QUESTIONNAIRE

Please answer yes or no to each of the following questions. All information will be kept strictly confidential:-

- |                                                                                           |        |
|-------------------------------------------------------------------------------------------|--------|
| 1. Do you have, or have you ever suffered with high blood pressure?                       | Yes/No |
| 2. Are you Diabetic?                                                                      | Yes/No |
| 3. Are you Epileptic?                                                                     | Yes/No |
| 4. Do you have, or have you ever had any heart complaint?                                 | Yes/No |
| 5. Do you have a joint/bone/back problem that could be made worse by exercise?*           | Yes/No |
| 6. Have you been diagnosed with Osteoporosis or does the condition run in your family?    | Yes/No |
| 7. Do you ever feel faint or have spells of dizziness?                                    | Yes/No |
| 8. Are you currently taking any medication that I should know about?*                     | Yes/No |
| 9. Are you pregnant or have you had a baby in the last 6 months - <b>(See note below)</b> | Yes/No |
| 10. Do you have any hearing or visual difficulties                                        | Yes/No |
| 11. Is there any other reason why you should not participate in physical activity?        | Yes/No |

Joint/Bone/Back\* \_\_\_\_\_

Medication\*\* \_\_\_\_\_

If answered yes to Question 11, please explain why or use this space for anything else you think I should be aware of :- \_\_\_\_\_

### IF YOU HAVE ANSWERED NO TO ALL OR MOST QUESTIONS:-

You can be reasonably sure that you can start to become more physically active and take part in a suitable exercise programme. Remember to begin slowly and build up gradually.

### IF YOU HAVE ANSWERED YES TO ONE OR MORE OF THE ABOVE QUESTIONS:-

It is fine to take part in your first class as it is mostly learning principles and techniques and any exercises performed will be very gentle. However, please talk to your doctor by phone or in person before you enrol. Tell your doctor about the questionnaire and which questions you answered yes to. You may be able to do any activity that you want as long as you build up slowly and gradually. Or, you may need to restrict your activities to those that are safe for you. Discuss this with your doctor and follow their advice

If you have answered yes to question 9 and you are expecting, please let me know before the class so that I can give you some extra notes to read and sign. If you have had a baby recently let me know so we can have a chat at your first class.

**PLEASE NOTE:** If your health changes so that subsequently you answer YES to any or more of the above questions, please let me know immediately. If you feel generally unwell because of a temporary illness such as cough, cold or flu **especially if you suspect Covid** – please do not attend class until you feel better.

**I HAVE READ and UNDERSTOOD THIS QUESTIONNAIRE and by signing below also accept that I have read and understood the Terms and Conditions of Gently Fit Pilates Classes**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone no: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency contact name and phone no: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Surgery Tel: \_\_\_\_\_