



# Kinesis Pilates

## PAR - Q

First name:	Surname:	D.O.B (dd/mm/yyyy)
Address: (House Number, street)		Town
City:	County:	Postcode:
Contact No:	Email address:	
Emergency contact name :		Emergency contact number:

This questionnaire is designed to help us assess whether you should consult a doctor before engaging in physical activity. Please answer all the questions truthfully.

**\*\*Please tick if applicable\*\***

- Has your doctor ever said that you have a heart condition, or have you been told that you should only do physical activity recommended by a doctor?
- Do you feel pain in your chest when you do physical activity?
- In the past month, have you had chest pain when you were not doing physical activity?
- Do you ever feel faint or experience severe dizziness during physical activity?
- Do you experience joint or bone problems that could be made worse by physical activity?
- Is your doctor currently prescribing medication for your blood pressure or heart condition?
- Do you have a condition, injury, or disability that could be affected by physical activity?
- Are you pregnant, or have you recently given birth?
- Do you have any other medical condition that may require medical approval before engaging in physical activity?

More detail....

### If you answered "YES" to any of the above questions:

It is highly recommended that you seek medical clearance from your GP or healthcare provider before beginning any exercise programme. You may need to undergo further assessments or receive advice on how to safely participate in physical activity based on your specific medical situation.

### If you answered "NO" to all the questions:

You are generally considered fit to engage in moderate physical activity. However, please take care to listen to your body, start gradually, and avoid overexertion. If at any time during your exercise routine you feel discomfort, dizziness, or pain, you should stop and consult a healthcare professional.

### Consent and Acknowledgement

By signing below, I acknowledge that I have answered all questions truthfully and to the best of my ability. I understand the importance of disclosing all relevant health information and agree to inform my instructor immediately if there are any changes to my health status. I also agree to seek medical advice if necessary based on my responses to this questionnaire.

Signature

Date :

### IMPORTANT INFORMATION

\*\*\*Due to this document being sent electronically please return this document via your personal email address\*\*\*