The Pilates Studio High Barnet Pre Exercise Assessment

ABOUT YOU

PLEASE PRINT CLEARLY USING BLOCK CAPITALS. YOUR INFORMATION WILL REMAIN STRICTLY CONFIDENTIAL

Name:	
Address:	
Postcode:	Email:
Home Tel:	Mobile Tel:
Occupation:	Date of Birth:
Contact Person & Tel # in case of emergency	

Will this be the 1st time doing this type of class? Yes ☐No ☐. If No, please indicate:

1. ☐Group class ☐One to One. 2. Number of session previously attended ☐1-10 ☐10-20 ☐20+

ABOUT YOUR HEALTH STATUS

Do you suffer from or have been diagnosed with any of the following:

Please answer all questions in full, and if YES, please supply further details on separate sheet(s)

☐ No	☐ Yes	Has a Doctor ever advised only medically-supervised activity?
☐ No	☐ Yes	Are you injured? (if so, have you been cleared to exercise by your GP ☐Yes ☐No)
☐ No	☐ Yes	Diabetes? Do you take Medication ☐Yes ☐No
☐ No	☐ Yes	High Blood Pressure? Are you taking medication for this? ☐Yes ☐No
☐ No	☐ Yes	Cardiac/Heart Problems? (Have you had a exercise stress test and are cleared to exercise ☐Yes ☐No)
☐ No	☐ Yes	Do you have or ever had chest pains brought on by physical activity?
☐ No	☐ Yes	Do you have any bone or joint problems that could be aggravated by activity?
☐ No	☐ Yes	Epilepsy? Are your seizures stabilised with medication?
☐ No	☐ Yes	Asthma/breathing difficulties
☐ No	☐ Yes	Do you have any long standing medical conditions (i.e. ME/MS/Cancer) Does this condition affect your movements or ability to exercise? ☐Yes ☐No
☐ No	☐ Yes	Do you suffer from osteoporosis or arthritis?
☐ No	☐ Yes	Have you recently recovered from an operation? (Have you been cleared to exercise? ☐Yes ☐No)
☐ No	☐ Yes	Have you recently had a baby? (Have you had your 6 week check? ☐Yes ☐No)
☐ No	☐ Yes	Are you pregnant? Please specify due date and current # of weeks.
☐ No	☐ Yes	Are you aware, through your own experience or a doctor's advice of any other physical reason that would prohibit you from exercising without medical supervision? ☐Yes ☐No

NOTES:

Signed: Date:

You must inform us about any change in your medical condition that may affect the information you have given. If you feel pain and/or dizziness during exercise, you need to stop and consult your doctor. If you injure yourself, you must inform your instructor. We accept no liability for any injury or death unless caused directly by negligence of one of our staff. I declare that I have filled out this questionnaire truthfully and to the best of my ability. I accept the terms and conditions as laid out here and agree to abide by them. We require 24 hours' notice to cancel a class. Classes cancelled within 24 hours will be charged for.