

For Office Use Only	Date:	Signed:
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139 Blackwood Avenue,
Hamilton Hill,
6163 WA
ABN: 47 945 717 216

Health Screening Form

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____

Address: _____

Contact Number: _____

Email Address: _____

Emergency Contact Person: _____

Contact Number: _____ Relationship: _____

Please list any past and current health/medical issues or injuries you may have. Please elaborate and provide any reports from your healthcare provider where necessary:

Please list any medications you are currently taking:

Are you Pregnant? Yes / No if Yes, how many weeks? _____

Are you currently post-Natal? Yes / No if Yes, how many weeks? _____

What is your Occupation: _____

What are your hobbies: _____

What is your fitness level: Low / Medium / High

What is your purpose/goal for doing Pilates?

Do you agree for us to call an Ambulance in case of an emergency? Yes / No