



Pre-Screening Questionnaire and Agreement

Name:

Date of Birth: ___/___/___

Gender: F / M

Emergency Contact:

Emergency Phone No:

How did you hear about us?:

Have you done Reformer Pilates before?

Have you done Mat Pilates before?

What are your Pilates goals?

Has your doctor ever told you that you have a heart condition or have ever suffered from a stroke?

Do you feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?

Do you have asthma?

Do you have any other medical condition(s) that may prevent you from participating in physical activity/exercise?

Are you pregnant or have you given birth in the last 6 weeks? Please provide some detail if so.

Have you had, or do you have, any pain or major injuries in the following areas, and please provide details?

Shoulder:

Back:

Hips:

Knee:

Ankles:

Other:

Do you have Osteoporosis (Thinning bones):

Have you had, or do you currently have Cancer:

Terms, Conditions and Waiver I, _____ agree that the information I have given on this form is true and correct. I have read and understood all wording printed on this document and take full responsibility for my actions at all times on the Reformer and anywhere on the premises and common areas of Studio 40 Pilates. Should any health conditions apply, I shall obtain medical clearance from my general practitioner or allied health practitioner as appropriate prior to commencing. I understand that it is my responsibility to inform Studio 40 Pilates of any illness, injury, medical or physical condition that may occur at any time and that may affect my health or wellbeing whilst undertaking Pilates exercise or other services with Studio 40 Pilates. I agree to abide by the following terms and conditions for any services booked and/or purchased from Studio 40 Pilates. • Services purchased/booked are non-refundable. Clean socks must be worn when participating in studio sessions. • Studio 40 Pilates reserves the right to substitute instructors when necessary.

Signed: _____

Date: ___ / ___ / _____