

Name.....
Address.....
.....
Tel No: Home..... Mobile.....
Date of birth..... Email.....
Occupation.....
What other sporting activities do you participate.....

If you answer Yes to any of the following questions please give details overleaf.

- Has a doctor ever said you have heart disease, high blood pressure or any other cardiovascular problems? _____ Yes/No
- Is there a history of heart disease in your family? _____ Yes/No
- Do you suffer from back pain? _____ Yes/No
- Do you get chest pain, especially when you exercise? _____ Yes/No
- Do you suffer from, or have a family history of, arthritis? _____ Yes/No
- Do you suffer from, or have a family history of, osteoporosis? _____ Yes/No
- Do you suffer from any allergies or asthma? If so, do you use an inhaler or take antihistamines? _____ Yes/No
- Do you often feel faint or dizzy and if so is it made worse by exercise? _____ Yes/No
- Are you or have you recently been pregnant? _____ Yes/No
- Have you ever had either abdominal or joint related surgery? _____ Yes/No
- Are you taking any drugs/medication at the moment or are you recuperating from a recent illness or operation? _____ Yes/No
- Do you have any other medical condition that may affect your ability to exercise? _____ Yes/No
- Do you suffer from pain or limited movement in any joints? _____ Yes/No
- Have you ever had an injury that has required musculo-skeletal therapy (e.g. Physiotherapy)? _____ Yes/No
- Are you currently under the care of a manipulative or physical therapist (Chiropractor, Osteopath, Physiotherapist etc.)? Yes/No
- If so have you told them that you are attending a course in Pilates? _____ Yes/No

Declaration

I have answered these questions to the best of my belief and know of no other reason why I should not undertake a course of exercise. I will inform my teacher if my medical condition changes in the future.

Signed.....Date.....