

CLIENT MEDICAL DETAILS

Your name:

Your address:

Phone home no:

Mobile:

Date of birth:

Email:

It would be helpful if you could print off this form, answer all questions, and bring it along to your first Pilates lesson. If you answer YES to any of these questions, please provide further details (on a separate sheet if necessary).

Have you ever had 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 get chest pains, 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? Yes / No
If so do you use an inhaler or take antihistamines? Yes / No

Do you ever feel faint or dizzy, if so does exercise make it worse? Yes / No

Are you, or have you recently been pregnant? Yes / No

Have you every had abdominal or joint related surgery? Yes / No

Are you currently taking any drugs/medication or are you recuperating from a recent illness, injury 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 required musculo-skeletal therapy (eg: Physiotherapy)? Yes / No

Are you currently under the care of any manipulative or physical therapist (Chiropractor, Osteopath, Physiotherapist etc)? Yes / No

If so have you told them you are attending pilates lessons? Yes / No

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

Signed..... Dated.....