NEW CLIENT HEALTH QUESTIONNAIRE

Please bring a completed and signed copy of this form with you to your first session.

Full Name	Date Of Birth
Email	Telephone

☐ *I consent to receiving class and timetable updates via email.*

PLEASE READ THE FOLLOWING QUESTIONS AND ANSWER EACH ONE HONESTLY	YES	NO
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you feel pain in your chest when you do physical activity?		
In the past month, have you had chest pain while you were not doing physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem that could be made worse by physical activity?		
Is your doctor currently prescribing drugs for your blood pressure or heart condition?		
Are you pregnant or recently had a baby?		
Have you had any recent injuries or operations? If yes please give details below.		
Do you know of any other reason why you should not do physical activity?		

Previous Pilates experince? *(Please circle)* None Reformer Mat Pilates

More Information

I hereby state that I have read, understood and answered honestly the questions above. I also state that I wish to participate in activities, which may include aerobic exercise, resistance training and stretching. I realise that my participation in these activities involves the risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise, which has been recommended to me.
Please Note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional.

NAME SIGNATURE DATE

If you answered YES to one or more questions, you must talk to your doctor BEFORE you become more physically active or have a fitness appraisal. Discuss with your doctor which kinds of activities you wish to participate in.
☐ I have taken medical advice and my doctor has agreed that I should exercise.

NAME SIGNATURE DATE

This physical activity clearance is valid for a maximum of 12 months from the date it is completed.