



Health Screening and Exercise History

- 1. Full Name: _____ D.O.B: _____
 Home Address & Postcode: _____
 Phone (h): _____ (w): _____ (m): _____
 E-mail: _____
 Occupation: _____
 Emergency Ph: _____ Name: _____
- 2. Have you done Pilates before? Yes No
 How did you hear about Pilates? _____ How did you found out about me? _____
 How often would you like to do Pilates? _____
- 3. Which Results would you like to achieve from doing Pilates? _____
- 4. Are you exercising at the moment? Yes No If yes, what type of exercise? _____
- 5. Prior movement experience: Dance, yoga, aerobics, etc _____
- 6. Describe any accidents or injuries you had in the past: _____
- 7. Describe any current injuries you might have in the present _____
- 8. Are there any other conditions that may be reason to modify your exercise program? Yes No
- 9. Are you undertaking any treatment at the moment? Yes No
- 10. Have you been hospitalized in the last 6 months? Yes No
- 11. Are you on prescription medication? Yes No _____
- 12. Are you pregnant or had a baby within the last 8 weeks? Yes No Due Date _____

If you have children, describe birth history and how many children _____

13. Have you ever had undiagnosed pain in the following:

Neck		Hips	
Shoulders		Knees	
Back		Ankles	
Other		Wrists	

If you have any conditions and injuries that still need to be diagnosed or cleared, please seek medical clearance from your doctor to exercise OR sign below if you have cleared the above condition/s with your doctor

Condition/s: _____ Approx date cleared: _____ Signature: _____

Statement

* I recognise that the instructor is not able to provide me with medical advice with regard to my medical condition. I advise that I do not have any injuries, illness or conditions which would prevent me from participating in the studio classes and that I take these classes at my own risk. I accept that I won't make any claim of any nature against its owner and instructors for any illness, injury or adverse change in medical condition or state of health arising directly or indirectly from my attendance at any of the studio classes. I have read this release and I understand all of its terms. I have answered the questions to the best of my ability and sign it voluntarily.

Client Signature: _____ Print Name: _____

Date: _____

Thank you for completing the questions. This information will be kept confidential