

# HEALTH SCREENING QUESTIONNAIRE & INFORMED CONSENT FORM



Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Telephone No \_\_\_\_\_ Mobile \_\_\_\_\_

Occupation \_\_\_\_\_

Emergency Contact \_\_\_\_\_

**1) Has Pilates been recommended to you by a health/medical practitioner? YES/NO**

If YES, please give details. \_\_\_\_\_

**2) Do any of the following apply to you. If YES, please give details below**

Diabetes	Yes	No	Cardiac/Heart Condition	Yes	No
High/Low BP	Yes	No	Respiratory condition/Asthma	Yes	No
Epilepsy	Yes	No	Osteoporosis/Arthritis	Yes	No
MS/ME/Parkinson's	Yes	No	Pregnancy within last 6 months	Yes	No
Major Surgery	Yes	No	Other Health Issue/s	Yes	No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3) Physical Conditions/History**

**Do any of the following apply to you. If YES, please give details overleaf**

Joint Replacement/Injuries	Yes	No	Fractures/Plates/Pins	Yes	No
Neck Condition/Injury	Yes	No	Restricted Movement	Yes	No
Shoulder/Elbow Condition/Injury	Yes	No	Spinal Surgery	Yes	No
Wrist/Hand Injury/condition	Yes	No	Muscle Injury/problems	Yes	No
Back Condition/Injury	Yes	No	Ligament injury	Yes	No
Hip/Knee Condition/Injury	Yes	No	Tendon injury	Yes	No
Ankle/Foot Condition/Injury	Yes	No	Other	Yes	No

**HEALTH SCREENING QUESTIONNAIRE & CONSENT Continued/...**

**Physical Condition/History details:** \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

**4) Do you have previous Pilates experience? YES/NO**

**If YES, please give details:** Mat Classes / Studio Sessions and/or Private Mat/ Equipment

---

**How long did you Practise Pilates for?** \_\_\_\_\_

**5) In brief, what are you hoping to achieve from your session/class?**

---

---

**Whilst every effort is made to keep sessions both safe and effective there is a risk of injury as with any programme of activity. I am participating of my own free will. I hereby state that I have read, understood and answered this pre-exercise health screening questionnaire honestly.**

I confirm that my teacher may use the contents of this form, and other information I may later provide, for teaching purposes, and that this information will be used in confidence and stored securely for a period of time to comply legal and insurance requirements. It will not be shared with a third party without my written consent. I confirm agreement for my teacher to contact me with information on classes and other Pilates-related activities. I understand that I have the right to withdraw this 'consent to be contacted' at any time.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_