

Admin use

Client reference: _____

Assessment date: _____

matwork & group

Pilates quick key: (optional)

Preg

Diab

Card

HBP

Osteo

Meds

Off work

Frac

Jt rep

Ca

Spin surg

Digest



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Questionnaire “Ensuring we understand as much about your health as you do”

PLEASE PRINT CLEARLY This questionnaire is important for your therapist's future reference. Your information will remain strictly confidential.

Title Mr/Mrs/Miss/other: _____

Mobile: _____

First name: _____

E-mail: _____

Family name: _____

Date of birth: _____ Age: _____

Address: _____

Occupation: _____

How did you find out about us? (e.g. friend, GP or Physio) _____

Postal code: _____

Contact person and phone number in case of emergency: _____

Home tel.: _____

Work tel.: _____

Will this be the first time you have practised Pilates? yes no? If you have done Pilates before please indicate:

1. studio matwork 2. number of previous classes attended: 0 – 10 10 – 20 20+ (please tick)

QUICK CHECK CURRENT HEALTH STATUS

Do you suffer from or have you been diagnosed with any of the following?

- | Yes | No | If yes, please give details: |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | a. Are you injured? If so have you been cleared to exercise by your doctor?
Yes <input type="radio"/> No <input type="radio"/> _____ |
| <input type="radio"/> | <input type="radio"/> | b. Diabetes? Do you take medication for your diabetes? Yes <input type="radio"/> No <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | c. High blood pressure (HBP)? If high, are you taking diuretics, anti-hypertensives or Beta-blockers?
_____ |
| <input type="radio"/> | <input type="radio"/> | d. Cardiac/heart problems? If yes, have you had an exercise stress test? Yes <input type="radio"/> No <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | e. Epilepsy? If yes, have your seizures been stabilised on medication? Yes <input type="radio"/> No <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | f. Asthma or other breathing problems? Suffering from shortness of breath/dizziness during exercise?
_____ |
| <input type="radio"/> | <input type="radio"/> | g. Have you been diagnosed with osteoporosis? _____ |
| <input type="radio"/> | <input type="radio"/> | h. Do you have any joint replacements? _____ |
| <input type="radio"/> | <input type="radio"/> | i. Do you have any longstanding medical condition (e.g. Parkinson's, MS, ME)?
_____ |
| <input type="radio"/> | <input type="radio"/> | j. Do you suffer from digestive complaints (ulcers, reflux, colitis etc)? _____ |
| <input type="radio"/> | <input type="radio"/> | k. Have you been diagnosed with any form of cancer? _____ |



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YOUR PREGNANCY HISTORY (WHERE APPLICABLE)

This section applies to anyone who is or could be pregnant

Are you or could you be pregnant now? Yes No Due date: _____

Additional pregnancy information: _____



RELEVANT PAST MEDICAL AND INJURY HISTORY

Yes No Where applicable please provide brief explanations below

- a. Have you been involved in any major accident(s) (e.g. car accident)?

- b. Have you had any major surgery? _____

- c. Have you had any bone or stress fracture? If yes, do you currently have any metal plates/pins or screws in place? _____
- d. Have you had any lower body (hip, knee, ankle, foot) problems/injuries?

- e. Have you had any upper body (shoulder/elbow or wrist) problems/injuries?

- f. Have you had any other muscle/ligament or tendon problems/injuries?

- g. Have you had any neck problems/injuries (e.g. whiplash)? If so please indicate the date: _____

- h. Have you had any low back problems/injuries? Please indicate the number of previous episodes:
0-5 6-10 11+ most recent episode, date: _____
- i. Have you been diagnosed as hypermobile (excessive joint mobility)?



OTHER INFORMATION

Yes No Is there any other condition or disability not covered above that your pilates teacher should be aware of? _____

Terms and conditions

¥ The Pilates programme we devise for you is based upon our sound teaching practise and the information you have provided above ¥ You must therefore inform us about any change in your medical condition as soon as you become aware of it
¥ If you experience any pain or dizziness during an exercise class you should stop what you are doing and consult your doctor
¥ If you injure yourself in anyway during an exercise class you should inform your Pilates teacher or one of the administration staff at that time ¥ We accept no liability whatsoever for any injury or death unless the same is caused directly by negligence of one of our instructors ¥ I declare that I have filled out this questionnaire truthfully, comprehensively and to the best of my ability
I accept the above terms and conditions and agree to abide by them:

Signed: _____ Date: _____

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