**HEALTH QUESTIONNAIRE**

**CLIENT NAME...............................................................................................................................**

**CLIENT ADDRESS............................................................................................................................**

**CONTACT NUMBER.......................................................EMAIL.........................................................**

Have you practiced Pilates before?

Never Y/N Less than 5 sessions Y/N 5/10 sessions Y/N 10/20 sessions Y/N more than 20 lessons Y/N

Do you practice any other sport?

How often do you exercises?

Never Y/N 1-2 times a month Y/N 1-2times a week Y/N more than 2 times a week Y/N

Do you smoke?

Are you pregnant or planning a pregnancy?

Have you had a recent pregnancy (past 8 months)?

Please give details of any injury of medical condition you are aware of and that can affect your exercise activity. Please give details if any of the following that apply to you. (please note that any information will remain confidential)

Allergies Y/N Asthma Y/N

Diabetes Y/N Arthritis/Joints condition Y/N

Epilepsy Y/N Metal pins or plates Y/N

Recent surgery Y/N Nervous system disorder Y/N

High/low blood pressure Y/N Headaches/migraines Y/N

Heart condition Y/N Pace maker Y/N

Recent Pregnancy( last six months) Y/N Osteoporosis Y/N

Back Pain Y/N

Is there anything else you would like your specialist to be aware of? Please give details

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**Imprtant information**

Please advise your teacher before commencing any session if, for any reason, your health or ability to exercise changes.

If you are in doubt about the suitability of the exercises, please refer back to your medical practitioner. The teacher can accept no liability for personal injury related to participation in a session if:

* Your doctor as not given you medical clearance to exercise.
* You fail to observe instruction on safety and technique.
* Such injury is caused by the negligence of another participant in the class.

The exercises, the transitions between the exercises, should be performed at a pace which feels comfortable for you. Please tell the teacher if you feel any discomfort, dizziness nausea or pain during the session. Please also inform the teacher if you felt discomfort or pain after a previous session.

I understand that Pilates involves hands-on correction and I hereby consent my teacher to work this way. We advice to leave at least two hours after a meal.

I confirm that I have read and understood the above advice and the information I have given is correct to the best of my knowledge.

Client signature Date

Pilates Teacher Date