

'Me..time' Pilates.

'Stretching fun to the limit'

Health Screen Questionnaire – Mat Pilates Training

Name:
Address:
Landline Telephone:
Mobile Telephone:
Email:
Occupation: D.O.B. Age: Male/Female
Have you been to a Pilates Class before / if yes, how many times?
How did you hear about 'Me..time' Pilates Pilates classes?
What do you want to achieve from your Pilates Training?

Medical history

1. Have you ever suffered from heart trouble? YES / NO
2. Are you presently taking any form of medication? YES / NO
3. Do you suffer from chest pains? YES / NO
4. Do you ever have spells of dizziness or feel faint? YES / NO
5. Have you ever had either high or low blood pressure, and/or high cholesterol level? YES / NO
6. Have you ever had asthma, chronic bronchitis or any other chest ailments? YES / NO
7. Do you suffer from severe back pains or any orthopaedic problem? YES / NO
8. Do you suffer from severe headaches or migraines? YES / NO
9. Are you recuperating from a recent illness/operation or injury? YES / NO
10. Have you any medical condition that we should be aware of? YES / NO
11. Are you pregnant? If yes how many months? YES / NO
12. Is there any history of heart disease in your immediate family (under the age of 55)? YES / NO

Please make detailed notes of any old injuries:
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PLEASE NOTE: If you answered YES to any of questions 1 to 12, you are advised to seek medical advice/approval before commencing any exercise session.

I have been informed both verbally and in writing that if I answer YES to any of questions 1 to 12 of this questionnaire, I should seek medical advice/approval before commencing an exercise session. If I wish to continue without such advice I do so entirely at my own risk. I confirm that I have read, fully understood and answered the above questions honestly. I understand that the instructor cannot be held responsible for any injuries or ill health of any kind arising following the attendance of this session.

I agree to the Terms and Conditions lay out in the Course confirmation letter.

Signed: Date: Instructor:

'Me..time' Pilates, 8 Wassage Way, Droitwich, Worcestershire WR9 0NX. Tel: 07791 873 870

email: enquiries@metimepilates.co.uk / web: www.metimepilates.com /    @metimepilates