



SCREENING FORM

PLEASE COMPLETE THIS FORM AS ACCURATELY AS POSSIBLE & RETURN IT TO YOUR INSTRUCTOR BEFORE COMMENCING YOUR PILATES CLASSES

YOUR DETAILS

NAME DOB

ADDRESS

POSTCODE

TEL MOBILE

EMAIL

OCCUPATION

EMERGENCY CONTACT NAME & NUMBER

YOUR HEALTH

DO YOU SUFFER FROM ANY OF THE FOLLOWING? (PLEASE TICK)

<input type="checkbox"/> DIABETES TYPE 1 OR 2	<input type="checkbox"/> HIGH OR LOW BLOOD PRESSURE	<input type="checkbox"/> OSTEOPOROSIS
<input type="checkbox"/> EPILEPSY	<input type="checkbox"/> ASTHMA / BREATHING PROBLEMS	<input type="checkbox"/> ARTHRITIS
<input type="checkbox"/> STRESS / URGE INCONTINENCE	<input type="checkbox"/> DIZZINESS / FAINTING	<input type="checkbox"/> CARDIAC PROBLEMS

ARE YOU CURRENTLY ON ANY MEDICATION? YES NO

IF YES, PLEASE STATE WHAT FOR

DO YOU SUFFER WITH A BACK OR JOINT PROBLEM? YES NO

IF YES, PLEASE GIVE DETAILS

ARE YOU PREGNANT OR HAVE YOU HAD A BABY IN THE LAST SIX MONTHS? YES NO

IT IS WISE TO WAIT SIX WEEKS AFTER THE BIRTH FOR A NORMAL OR FORCEPS DELIVERY, OR 12 WEEKS IF YOU HAVE HAD A CAESAREAN SECTION BEFORE RESUMING EXERCISE.

IN THE LAST 12 MONTHS HAVE YOU HAD TREATMENT FROM ANY OF THE FOLLOWING? (PLEASE TICK)

PHYSIOTHERAPIST CHIROPRACTOR OSTEOPATH OTHER

PLEASE GIVE CONTACT NAME AND NUMBER, AND NATURE OF TREATMENT



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YOUR HEALTH [CONTINUED]

IS THERE ANY OTHER REASON NOT YET MENTIONED THAT SHOULD STOP YOU PERFORMING PHYSICAL EXERCISE, OR ANY OTHER HEALTH INFORMATION THAT MAY BE RELEVANT? (INCLUDE ANY PREVIOUS MAJOR OPERATIONS OR ILLNESSES)

DO YOU NEED MEDICAL CLEARANCE TO ATTEND A CLASS? YES NO (IF YES, PLEASE GIVE DETAILS BELOW)

HOW DO YOU RATE YOUR OVERALL POSTURE? (PLEASE TICK)

EXCELLENT AVERAGE POOR VERY POOR

CLIENT DECLARATION

I ACCEPT FULL RESPONSIBILITY FOR ATTENDING PILATES; I CHOOSE TO DO SO AT MY OWN RISK. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO INFORM MY INSTRUCTOR SHOULD ANY OF MY MEDICAL DETAILS CHANGE.

I CONFIRM THAT I HAVE DISCUSSED PILATES WITH MY MEDICAL PROFESSIONAL E.G. DOCTOR, PHYSIOTHERAPIST, OSTEOPATH, CHIROPRACTOR (IF APPLICABLE), AND HE/SHE IS HAPPY FOR ME TO JOIN A PILATES CLASS. I UNDERSTAND THAT MY PILATES INSTRUCTOR IS NOT MEDICALLY TRAINED AND THAT IF I HAVE QUERIES OF A MEDICAL NATURE I MUST CONSULT WITH MY MEDICAL PROFESSIONAL AND TAKE THEIR ADVICE.

MY MEDICAL PROFESSIONAL HAS GIVEN ME THE FOLLOWING ADVICE REGARDING PILATES (IF APPLICABLE)

PRINT NAME

SIGNED

DATE

PLEASE NOTE

ALL PILATES CLASSES ARE CARRIED OUT BY A QUALIFIED PILATES TEACHER. PLEASE ADVISE THE INSTRUCTOR BEFORE COMMENCING A CLASS OR 1 TO 1 IF YOUR ABILITY TO EXERCISE HAS CHANGED. PILATES EXERCISES ARE SAFE BUT, AS WITH ALL FORMS OF PHYSICAL EXERCISE, IT IS PRUDENT TO CONSULT A DOCTOR BEFORE STARTING CLASSES. IF YOU HAVE ANY DOUBTS ABOUT THE SUITABILITY OF THE EXERCISES YOU SHOULD REFER BACK TO YOUR MEDICAL PRACTITIONER.

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