HEALTH QUESTIONNAIRE

MORE THAN PILATES
HAVEN FOR HEALTH AND WELLBEING

CLASS YOU ATTEND (day & time):
DATE STARTED and TEACHER:

Your health and safety is our priority. Please complete this questionnaire to help the teacher to plan classes in a way that will be of value to you. The information supplied will be treated in the strictest confidence and will not be disclosed to a third party. Please circle/ √ where appropriate.

Name: ..... Date of Birth: .....

Address: .....

Post code: .....Home No: .....

Mobile No: ..... Email: .....

Occupation: .....Emergency Contact Name & tel no: .....

Please tell us briefly for what purposes you attend Yoga / Pilates .....

Do you have any of the following conditions?

	Heart Condition		Osteoarthritis		Other – please specify:
	High Blood Pressure		Rheumatoid Arthritis		
	Low Blood Pressure		Osteoporosis		
	Epilepsy		Hernia/ Hiatus Hernia		
	Diabetes		Bone Fracture		
	Eye condition e.g. glaucoma		Pregnancy related problems		**Please inform your teacher of any change in your physical circumstances. Women:** If you are or become pregnant please inform your teacher.
	Migraine		Spinal problem - please specify.		
	Dizziness/ fainting				
	Asthma				

Do specific activities aggravate your symptoms? .....
Have you received any form of treatment from a Physio, osteopath, and chiropractor? **No** **Yes**
Please provide contact details if you would like your teacher to liaise with them regarding your condition
.....
Have you had a surgical operation in last 5 yrs? **No** **Yes** .....
Are you prescribed medication by your GP? **No** **Yes** .....

If you have answered YES, √ to any of the above, you are advised that it is your responsibility to check with your GP whether he/she approves your attendance at this class.

1. I can confirm that I do not have any of the conditions stated or undergone any treatment.	
2. Or I have consulted my GP who considers that it is safe for me to attend the class	

"I fully understand that I am responsible for monitoring my physical condition throughout Pilates / Yoga classes and understand that my reaction to the programme cannot be predicted with complete accuracy. Should any unusual symptoms occur or any medical condition, discomfort or injury worsen I will immediately: a) refrain from participation in class and b) inform my teacher of the symptoms experienced".
"I understand that if I cancel my place after the term has begun I will only be given a refund if an appropriate replacement can be found. Refunds are discretionary."

SIGNED:	**OFFICE USE ONLY:**
PRINT NAME:	DATE RECEIVED:
DATE:	Doctor's Certificate if applicable: