

The Body Junction - Pilates Health Questionnaire

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<i>Office use:</i>		<i>Class Tutor:</i>	
Induction Date	<input type="text"/>	Time	<input type="text"/>
Induction Tutor	<input type="text"/>	Class Date	<input type="text"/>
	Attended? Yes / No	Class Tutor	<input type="text"/>
<input type="checkbox"/>	Added to GM		<input type="text"/>
<input type="checkbox"/>	Added to MC	Signature	
Please sign that you've read in full and made notes on your register			

Full Name	<input type="text"/>	Address	<input type="text"/>
Occupation	<input type="text"/>		<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	Can we add you to our mailing list?	<input type="text" value="Y/N"/>
Doctor	<input type="text"/>	Date of Birth	<input type="text"/>

Have you done Pilates before? If so who with and for how long?

Do you take Yoga, Aerobics or other classes?

Do you do other regular exercise? (Tennis, Cycling, Swimming etc)

Do you have any medical condition that we should know about? Please circle those applicable:

Heart Condition | Thyroid | Epilepsy | Diabetes | Cancer | Osteoporosis | Pregnancy or recent birth
Hearing or sight impairment | Incontinence | Hernias | Rheumatoid Arthritis | False Limbs | Breathing
Disorders | Other? Please specify below.

Have you had children? If so, how many?

Can you engage your pelvic muscles?

Was it a difficult birth? Any relevant information?

Do you have any injury/area of pain? i.e Back or neck?

Have you had major surgery
in the last year?

Type of surgery

Are you currently receiving treatment from a Chiropractor, Osteopath or Physiotherapist? If yes, who?

P.T.O

Are you seeing a specialist for any reason? If yes, for what reason?

Are you on medication? If yes, which?

Do you have low or high blood pressure?

Do you suffer with aches and pains in your bones or joints?

Are there any movements you can or should not do?

Are you able to lie on both sides?

Can you get up and down from the floor?

Can you lie on your back and front?

How would you describe your health?

Do you

Sit with your feet up?

Red in bed / watch TV in bed?

Have long soaks in the bath?

Sit on the sofa with your feet to one side?

Cross your legs?

Sit at an angle on certain chairs?

Use a laptop?

Sleep on your tummy?

Sit with your screen to one side?

How did you hear about us? Please tick where applicable

Word of Mouth Printed Publication Our Website Social Media Passing by

What do you hope to achieve from Pilates?

Client release statement I willingly participate in the practical exercises at my own risk. Despite any possible restrictions , disabilities or any predisposition to sickness or injury that may be aggravated or adversely affected as a result of my participation, I take full responsibility for any injury, loss or damage to my person or property that may arise directly or indirectly from my participation in the exercises. I will not seek to penalize, prosecute or claim compensation from the individual or company for any injury, loss or damage.

Signed _____ Date _____