



Lancashire Pilates Studio

The following questions are for best cooperation between you and your Pilates teacher as well as your own health, safety, and best results during your sessions.

PLEASE USE BLOCK CAPITALS

Name: _____

D.O.B: _____

Address:

Telephone (Home): _____

(Other): _____

Post-code: _____

E-mail: _____

Profession: _____

Hobbies/Sports: _____

Have you exercised in the past or at present? Please Specify: _____

Have you exercised in the Pilates method in the past or present? Please tick:

Yes _____ **No** _____ **If yes, when and for how long?** _____

What expectations, aims and/or objectives are you hoping to meet through your Pilates sessions?



MEDICAL HISTORY (Please tick appropriate answer)

Do you suffer from heart problems (i.e. high blood pressure)?

Yes No If yes, please specify: _____

Do you have any cardiovascular problems?

Yes No If yes, please specify: _____

Do you often feel faint or dizzy and if so is it made worse by exercise?

Yes No If yes, please specify: _____

Do you suffer from any allergies or asthma?

Yes No If yes, please specify: _____

If so, do you use an inhaler or take antihistamines?

Yes No If yes, please specify: _____

Do you suffer from epilepsy or diabetes?

Yes No If yes, please specify: _____

Do you have arthritis?

Yes No If yes, please specify: _____

Do you suffer from, or have a family history of, osteoporosis?

Yes No If yes, please specify: _____



Are you taking any prescribed medication at the moment?

Yes _____ No _____ If yes, please specify: _____

Are you pregnant, or have you been pregnant in the last 6 months?

Yes _____ No _____ If yes, please specify: _____

Have you ever broken a bone?

Yes _____ No _____ If yes, please specify: _____

Have you any joint problems?

Yes _____ No _____ If yes, please specify: _____

Have you had any major illness or any operation?

Yes _____ No _____ If yes, please specify: _____

Do you have any large scars?

Yes _____ No _____ If yes, please specify: _____

Have you had any injuries or operations within the last year?

Yes _____ No _____ If yes, please specify: _____

Do you suffer from pain or limited movement in any joints?

Yes _____ No _____ If yes, please specify: _____

Have you ever been given any remedial exercise i.e. physiotherapy?

Yes _____ No _____ If yes, please describe: _____



Are you currently under the care of a doctor, or physical therapist (Chiropractor, Osteopath, Physiotherapist etc.)?

Yes _____ No _____ If yes, please specify: _____

Is there a reason, not yet mentioned that you should stop physical exercise?

Yes _____ No _____ If yes, please specify: _____

Pregnancy is a delicate situation to consider when exercising in the Pilates method. Therefore, a group situation may be inadvisable, unless special arrangements have been made with your teacher and written permission has been given by the doctor.

A one-to-one or a specific pre-natal Pilates class may be more appropriate in the case of pregnancy.

Sessions do not recommence for post-natal mothers before the six week check has been made by the doctor or midwife.

Although Pilates exercises are very safe, in order to offer you the best benefits without harming a situation, consultation by your medical practitioner will be necessary before you begin sessions.

The teacher may even need to speak to your doctor in order to follow appropriate steps during your sessions, and ask for written records, scans or test results regarding any conditions.

The sessions are never a substitute to medical treatment or counselling and you should refer back to your medical practitioner if you have any doubts about the suitability of the exercises.



I have answered these questions to the best of my belief and know of no other reason why I should not undertake a course of exercise.

I will inform my teacher if my medical condition changes in the future.

I understand that all exercise carries a risk of injury. I accept responsibility for my own body and will stop exercising if I need to.

I also understand that my teacher may offer me professional advice relating to my ability to exercise and that she may consider it unprofessional to continue to teach me if I do not wish to follow such advice.

Signature: _____

Date: _____

Please Print Name: _____

Teacher: _____

In case of emergency please contact:

Name: _____

Telephone numbers: 1 _____

2 _____

3 _____

