

HEALTH SCREENING QUESTIONNAIRE & INFORMED CONSENT

Name _____ Class day & time _____

Town of Residence _____ Contact no: Mobile/home _____

Email address _____

Occupation (to deduce muscle activity) _____
If retired what was your occupation? _____

Age (please tick) under 25 25 – 35 35 – 45 45 – 55 55 – 65 65+

Please read the questions carefully and answer each one as honestly as you can. YES NO

1) Are you on any medication that may affect you during the session?
If you answered YES please give details (use back of sheet if short of space)

2) Have you any illness/disabilities, injuries or joint problems
If you answered YES please give details.(use back of sheet if short of space)

3) How did you come across Wharfedale pilates e.g. friend/internet/physio/leaflet

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

6) In brief please state your exercise history (i.e. when you last exercised and what activity it was)

7) Are there any other conditions that your teacher should be aware of?
If you answered YES please give details and contact numbers if possible
ie. stiffness on awakening/pains when walking etc.,

If you have answered YES to any of the above questions you may wish to seek medical approval to continue with your training. Please feel free to mention anything else that I may need to know to keep your session safe both now and as the training progresses.

Whilst every effort is made to keep the session both safe and effective there is a risk of injury as with any programme of activity. You are participating of your own free will. On rare occasions there may be a stand in teacher. Please feel free to discuss any questions you may have regarding your Pilates class.

Name: _____ Signature _____ Date: _____