



www.lucy-pilates.co.uk
BANBURY

Name:	DOB:	Age:	M / F:
Address:			
Email:	Tel:		

MEDICAL HISTORY

- Have you ever suffered from heart trouble? YES / NO
- Are you presently taking any form of medication?..... YES / NO
- Do you suffer from chest pains? YES / NO
- Do you ever have spells of dizziness or feel faint? YES / NO
- Have you ever had either high or low blood pressure, and/or high cholesterol level?..... YES / NO
If YES please give details:.....
- Have you ever had asthma, chronic bronchitis or any other chest ailments? YES / NO
If YES please give details:.....
- Do you suffer from back pain or any orthopaedic problem?..... YES / NO
If YES please give details:.....
- Do you suffer from severe headaches or migraines?..... YES / NO
- Are you recuperating from a recent illness/operation or injury?..... YES / NO
If YES please expand:
- Have you any medical condition that we should be aware of? YES / NO
- Are you pregnant or have you given birth in the past 6 months? YES / NO
If yes, please give more info
- Is there any history of heart disease in your immediate family (under the age of 55)? YES / NO

PLEASE NOTE: If you answered YES to any of questions above, you are advised to seek medical advice/approval before commencing an exercise induction or exercise programme or consult further with your instructor. Please note that the group classes should be considered a workout and may not be suitable for rehabilitation after surgery or injury.

I have been informed both verbally and in writing that if I answer YES to any of questions on this questionnaire, I should seek medical advice/approval before commencing an exercise programme and/or induction. If I wish to continue without such advice I do so entirely at my own risk. I confirm that I have read, fully understood and answered the above questions honestly. I understand that the Instructor cannot be held responsible for any injuries or ill health arising from my participation in the exercise programme.

I wish to participate in physical activities that will include a Pilates warm-up preparation phase involving standing and lying exercises and a main mat-based Pilates session with floor-based exercises. These could involve use of small equipment such as a resistance band, blocks, foam rollers or Pilates rings. The session will also include flexibility exercises.

I realise that in participating in these activities I may be at risk of injury and even the possibility of death. I hereby confirm that I am participating voluntarily.

Signed:..... Date:

I HAVE*/DO NOT HAVE* PREVIOUS EXPERIENCE OF ATTENDING PILATES CLASSES. *please circle as appropriate.