

Amanda Platt Pilates

07733 307475

Physical Activity Readiness Questionnaire

Private and Confidential

Full Name		
Address		
Post code		
D.O.B. and Age		
Occupation		
Phone: Home and Mobile		
E mail		
Do you have prior Pilates experience?		
If yes, how long for and with whom?		
In case of Emergency, who would you like me to contact?		
No.	Please indicate if any of these statements apply to you and give	If yes please specify
1	Do you know of any reason why you should not exercise or increase your Physical activity?	
2	Are you recovering from an illness, injury or operation? Last 12 months.	
3	Are you pregnant?	
4	Are you over 60 years or older and not used to being physically active?	
5	Do you suffer from Asthma?	
6	Do you have any Allergies?	
7	Do you have cancer or have had cancer?	
8	Do you have Lymphoedema?	
9	Do you have Seizures?	
10	Do you ever lose consciousness or lose balance due to dizziness?	
11	Do you have/ had a heart condition? (chest pains, stroke, heart attack)	
12	Do you have Osteopenia or Osteoporosis?	
13	Do you suffer from Hepatitis?	
14	Do you have Diabetes?	
15	Do you suffer from Atherosclerosis / Arteriosclerosis?	
16	Do you suffer from Bronchitis?	
17	Do you suffer from High blood pressure?	
18	Do you suffer from low blood pressure?	
19	Do you have M.S.?	

20	Do you have arthritis and what kind?	
21	Do you suffer from Thyroid Problems?	
22	Do you have a Hernia?	
23	Do you suffer from any ailment or injury that could affect your ability to perform physical activity?	
24	Do you have Hypermobility?	
	Skeletal Injuries and issues Please describe how your issue / injury currently affects your ability to function	
1	Back	
2	Neck	
3	Head	
4	Knee R/L	
5	Hip R/L	
6	Shoulder R/L	
7	Feet R/L	

If you have answered YES to one or more questions I may need to contact your Doctor before starting to exercise. If your health changes, please let me know as soon as is possible.

Goals; What are you aims and expectations from attending the Pilates classes?

Improve posture
Relieve back pain
Improve muscle tone
Increase endurance
Eat better / Sleep better

Disclaimer

* 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 she may consider it unprofessional to continue to teach me if I do not wish to follow such advice.

* I have read and understood the terms and conditions.

Client signature of consent.....

Date.....