

Amanda Platt Pilates

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Physical Activity Readiness Questionnaire

Private and Confidential

General Information

Full Name		
Gender		
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?		
Emergency contact details		
No.	Please answer all questions with yes or no	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?	
3	Are you pregnant? Which trimester Have you just had a baby? How recent was the birth?	
4	Are you over 60 years or older and not used to being physically active?	
5	Do you suffer from Asthma?	
6	Has a Doctor said that you have a heart condition and you should only do a physical activity recommended by a Doctor?	
7	When you are performing physical activity, do you feel a pain in the chest?	
8	When not performing physical activity, have you recently suffered chest pain?	
9	Do you ever lose consciousness or lose balance due to dizziness?	
10	Do you have bone or joint problems that may be made worse with physical activity?	
11	Are you currently on any medication for blood pressure or a heart condition?	
12	Do you have Diabetes?	
13	If you have answered Yes to the above, do you have insulin dependant diabetes?	

14	Do you suffer from Atherosclerosis or Arteriosclerosis?	
15	Do you suffer from Bronchitis?	
16	Do you suffer from Epilepsy?	
17	Do you suffer from Hepatitis?	
18	Do you suffer from Hypertension?	
19	Do you suffer from Hypotension?	
20	Do you suffer from Meningitis?	
21	Do you suffer from Multiple Sclerosis?	
22	Do you suffer from Thyroid Problems?	
23	Do you suffer from any ailment or injury that could affect your ability to perform physical activity?	

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 so that you may then answer YES to any of these questions, please let me know as soon as is possible.

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

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

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 will stop if I experience any pain.

* 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.

Client signature of consent.....

Date.....