



PILATES PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Name	DOB
Email	Tel
Address	
Postcode	
ICE# (in case of emergency)	

Please tick if you have been diagnosed with any of the following:

Heart Condition Diabetes Asthma High Blood Pressure Epilepsy

Please tick if you have been experienced with any of the following:

Fainting/Dizziness Joint Injury Stroke Pains in the chest Back Injury
 Arthritis Illness/Operation Pregnant 6 week postnatal

Are you a smoker? Yes/No

If you have any other conditions not yet mentioned that may affect the exercise that you can do, please specify

If you have ticked any of the above, please give details of conditions, medications and approximate date cleared

All the information on this form is true to the best of my knowledge and I have sought and followed any necessary medical advice. I understand that my instructor, Sam Hobbs, will not be held responsible for any accident or injury sustained unless due to negligence.

Client Sign & Date date.....

Instructor Sign & Date date.....

If you have ticked any of the boxes above and have not provided a note from your doctor, please sign and complete the following prior to undertaking any Pilates training with me

My doctor has cleared/advised me to exercise

Client signature

Specific advice given by doctor

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Doctor's name and surgery

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