

SPEEN PILATES

Physical Activity Readiness Questionnaire

Private and Confidential

Full Name		
Address		
Post code		
D.O.B.		
Occupation		
Phone: Mobile		
E mail		
Do you have prior Pilates experience?		
If yes, how long for and with whom?		
Emergency contact number and name		
No.	Please indicate if any of these statements apply to you and give details	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? Or have you had a baby in the last 6 months?	
4	Do you suffer from Asthma?	
5	Do you have any Allergies?	
6	Do you ever lose consciousness or lose balance due to dizziness?	
7	Do you have/ had a heart condition? (chest pains, stroke, heart attack)	
8	Do you have Osteopenia or Osteoporosis?	
9	Do you have Diabetes?	
10	Do you suffer from High blood pressure?	
11	Do you suffer from Epilepsy?	
12	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, please contact your GP and let them know you are considering joining a Pilates class and follow their advice.

If subsequently your health changes and you would answer Yes to questions, please let Speen Pilates know immediately.

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

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.

I consent to having Speen Pilates collect the information requested on this form in order that I can attend the Pilates classes.

I consent to Speen Pilates contacting me by e mail to provide updates on what is going on with the classes.

This form collects personal information, check the privacy policy to read how Speen Pilates protects and manages your submitted data.

Client signature of consent.....

Date.....