



JEREMY BINGHAM

PERSONAL TRAINING & PILATES

Pilates Exercise Questionnaire

All information given will be treated confidentially

Name Mobile

Landline..... Email

Address

..... Postcode

Occupation Date of Birth

If you are planning to take part in a Pilates Mat work class and you are new to this form of exercise, start by answering the questions below. If you are over 69 years of age, and you are not used to being very active, please check with your doctor.

Have you done any Pilates before? If yes when was your last class? How many sessions did you attend?

.....

Do you do any other forms of exercise or sports regularly?

If so, what?

.....

Does your job involve any of the following? (please tick)

Sitting for long periods [] Driving [] Standing [] Lifting Heavy Weight []

Any other repetitive action, please specify:

.....

Has your Doctor ever said that you have any sort of heart trouble or defect? Yes / No

Do you suffer from chest pains when you are not doing physical activity? Yes / No

Do you ever have spells of dizziness or feel faint? Yes / No



Have you ever had high or low blood pressure, and/or high cholesterol level? Yes / No

Have you ever had asthma, chronic bronchitis or any other chest ailments? Yes / No

Do you suffer from severe headaches or migraines? Yes / No

If you answered YES to any of the above questions, please give details:

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.....
.....

1. Have you had major surgery in the last 10 years? If yes, please give details

2. Have you had minor surgery in the last 2 years? If yes, please give details

3. Have you ever been told that you have arthritic joints, osteoporosis, osteopenia or any bone or joint problem that may affect your ability to exercise? If yes, please give details

4. Do you have neck or back pain? If yes, please give details

5. Do you have pain or restricted movement in any other joints? (E.g hip, knee, ankle, shoulder), If yes, please give details

6. Are there any movements or positions which cause you pain? If yes, please give details

7. Is there anything else in your medical history that you feel could affect your ability to exercise? If yes, please give details

8. Are you taking any medications that may affect your ability to exercise? If yes, please give details

9. Are you currently seeing a Physio/Osteo/Chiropractor or similar therapist? If yes, do you give permission for us to contact them? Please provide name and contact details if so.

10. (Women Only) Are you pregnant or have had a baby in the last 5 years? If so, please give birth dates



It is important that you advise us before commencing any session if, for any reason, your health or ability to exercise changes.

Pilates is a very safe form of exercise, however as with all forms of exercise it is prudent to consult your doctor if you suffer from any health problems or special conditions, or if you are in any doubt as to its suitability. If you are undergoing any medical treatment or are taking medication, you will need to consult with your medical practitioner first. Pilates should not be considered a replacement for professional medical counselling or treatment.

Exercise should be performed at a pace which feels comfortable for you. PAIN is the body's warning system and should NOT BE IGNORED. You must take responsibility for your own body during each Pilates session and must inform the instructor if you feel any discomfort. Please also inform the instructor if you felt any discomfort after a previous session. The instructor can accept no liability related to the participation of the class if:

1. The doctor has advised you against such exercise
2. You do not act responsibly with your body or fail to observe instruction on safety or technique.
3. Such Injury is caused by the negligence of another participant in the session/studio

I understand that Pilates exercises involve hands-on correction and I hereby consent for my instructor to work in this way.

I understand courses are non-refundable once booked and days are not interchangeable.

I confirm that I have read and understood the above advice and that the information I have given here is correct.

Name:

Date:

Signed: