Welcome to

The Pilates Barn Ropley

The aim of this questionnaire is to gather background information about yourself and your medical history. All information will be treated confidentially. Please ensure that the Health Form is completed prior to the start of any Pilates Lessons for Class Planning.

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| **Your Details**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: Email: Address:Contact Telephone Number: |

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| **Lifestyle**What is your Occupation: Does your occupation involve any repetitive movements/activities/or postures? Eg. Predominanltly sitting/deskbased/lifting/bending etc. Please explain. Are you presently, or have you been, active in any sports or exercise programmes? |

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| **Goals**What are your Goals? What would you like to achieve from your Pilates Classes? Please tick all the boxes that apply to you. Core stability □ Strength □ Flexibility □ Stress Management □ Relaxation □ Posture □ Other □ Further details & Goals: **Where did you hear about The Pilates** |

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| **Medical History**Do you have any injuries, aches or pains (Recent or Old)Please describe them in detail: Have you been signed off by your Doctor to participate in Pilates if you have an injury?Are there any movements that bring on pain or reduce pain if you have a specific injury?Are there any other health concerns: E.g. Asthma, high blood pressure, medication.Are you presently doing other kinds of therapy? E.g. massage, Physio, Chiro. **General Information**How did you find out about The Pilates Barn Ropley:FriendGPPhysioWebFacepage |

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| DeclarationI acknowledge that I am fully responsible for:(please tick1.Monitoring my capability to participate in any exercise session2. Advising The Pilates Barn Ropley of any Medical Conditions that affect my participation3. Advising The Pilates Barn Ropley of any Changes in Medical Conditions in Writing  4. I have answered the questions accurately and to the best of my abilitySigned: Date: Instructors Signature: |