

Name _____ Date of Birth _____

Address _____

Email address _____

Phone number _____

Person and number to contact in case of emergency _____

Medical Information

Have you had any operations in the last 12 months? Yes No

Do you have any joint problems or current injuries? Yes No

Do you experience pain or discomfort during movement? Yes No

Do you have any chronic conditions (e.g. heart disease, asthma, diabetes)? Yes No

Have you been diagnosed with high or low blood pressure? Yes No

Do you experience dizziness, shortness of breath or chest pain during activity? Yes No

Do you have osteoporosis or any bone condition? Yes No

Do you take any regular medication? Yes No

Are you pregnant or have you given birth in the last 12 weeks? Yes No

If you have answered yes to any of the above, please give more details below.

Have you ever done Pilates before? _____

What do you want to achieve from attending a class? _____

Is there anything else not covered on this form that you feel you should make Discover Pilates aware of?

By signing below, I acknowledge that the information provided in this questionnaire is accurate to the best of my knowledge. I understand that it is important to disclose any relevant medical conditions, injuries, or other health concerns, as this information helps ensure the safety and effectiveness of the Pilates sessions.

I am aware that it is advisable to seek medical advice before commencing any new exercise programme and if I continue without advice I agree that I do so at my own risk.

I agree to inform Discover Pilates of any changes in my health status or physical condition during the course of my Pilates sessions. I understand that if I experience any discomfort, pain, or unusual symptoms, I should stop the activity immediately. By signing this form, I consent to participating in Pilates sessions under the terms outlined and assume all risks associated with my participation.

Signed _____ Date _____