

Health Screening Questionnaire & Informed Consent

Class Day & Time _____

Name and Address: _____

Postcode: _____ Contact Phone Numbers: _____

Email: _____ D.O.B _____

Emergency Contact Name, Address & Telephone number: _____

What is your occupation? _____

Age (please circle) under 25 25-35 36-45 46-55 56-65 65+

Please read the questions carefully and answer each one as honestly as you can.
Please circle appropriately YES or NO.

1) Are you on any medication that may affect you during the session? YES NO

If you answered YES please give details. _____

2) Have you any illness/disabilities? YES NO

If you answered YES please give details. _____

3) Do you have any injuries or joint problems? YES NO

If you answered YES please give details. _____

4) Are you pregnant or have been pregnant in the last 6 months? YES NO

If you answered YES please give details. _____

5) In brief please state (a) your exercise history (i.e. when you last exercised and what activity it was) and (b) what are you hoping to achieve from the class?

a) _____

b) _____

6) Are there any conditions that your teacher should be aware of? YES NO

If you answered YES please give details and contact numbers if possible _____

If you have answered YES to any of the above questions we suggest you seek medical approval to continue with your training. Please feel free to mention anything else that I may need to know to keep your session safe both now and as the training progresses.

Informed Consent

I hereby state that I have read, understand and have answered honestly the pre-exercise health screening questionnaire. Any questions I had were answered to my full satisfaction. Whilst every effort is made to keep the class safe and enjoyable, I understand as with any exercise programme there is a risk of injury. I understand that on rare occasions there may be a stand in teacher. I confirm I am participating at my own free will and agree to keep my instructor informed of any changes to my health that may affect me in class.

Name: (Client)	Signature
Name: (Instructor)	Signature
Date: _____	

Where did you hear about Discover Pilates? Please circle

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Website

Studio Sign

Other (please state)