



NEW CLIENT QUESTIONNAIRE

Name

Address

Phone numbers

Email address

Age Group Under 18 19-29 30-40 40-50 50-60 60-70 70-80 80 plus (please circle)

Occupation

Hobbies

Aims for Pilates

Previous Pilates Experience

Medical History (please circle any which apply and provide details as necessary)

- | | |
|-------------------------------|------------------------------|
| Heart conditions | Kidney conditions |
| Asthma/Respiratory conditions | Epilepsy |
| High or low blood pressure | Dizziness/Vertigo |
| Neurological conditions | Allergies |
| Cancer treatments | Pelvic floor dysfunction |
| Spinal conditions | Hypermobility/lax ligaments |
| Blood clotting disorders | Hearing/visual impairment |
| Pelvic Pain | Diabetes |
| Other spinal conditions | Other orthopaedic conditions |
| Rheumatology conditions | Pelvic floor dysfunction |

Other/details.....

Pregnancies – Are you Pregnant? Yes/No If yes what is your due date?.....

Have you given birth in the last year? Yes/No If yes what type of delivery?.....

General Health Currently?

Injuries Past or present

Surgeries Please list

Current treatments/medications

Have you ever taken steroids or anticoagulants (blood thinners)?

Do you have any movement restrictions?

Is there anything else which might affect your ability to exercise safely?

I (please print name) confirm that the information provided in this client questionnaire is complete and accurate.

I understand that it is my responsibility to:

Advise my Pilates Instructor should any of these details change, or if anything else affects my ability to exercise safely.

Exercise at my own rate and within my own level of comfort and ability. If at any time I am unsure of the exercise or am experiencing any discomfort / pain, I will stop the exercise and inform the instructor.

Ensure that safety and exercise instructions are followed fully and carefully during my Pilates lessons and also whilst completing any recommended home exercise programme.

Check with my GP prior to starting any new form of physical exercise.

I understand that there exists the possibility of certain dangers when exercising. These include abnormal blood pressure, fainting, abnormal heart rhythm and in rare cases, heart attack, stroke or death. While every care will be taken, it is impossible to predict the body's exact response to exercise. I acknowledge that every effort will be made to minimise these risks.

I understand that these sessions are not a substitute for medical advice or treatment. If I have any doubts about the suitability of the exercises, I should refer back to my medical practitioner.

I understand that the Instructor can accept no liability for personal injury or other loss related to participation in a session if:

1. My doctor has, on health grounds, advised you against such exercise.
2. I fail to observe instructions on safety and technique.
3. Such injury is caused by the negligence of another participant in the class.
4. Whilst all appropriate care will be taken in providing the services, based on the information provided by you, you agree that the Instructor will not be liable for any damage or loss due to the services except to the extent required by law.

Signed Date

Client Privacy and Data Management: Qualitative Pilates will carefully store the information you provide and will not share your details with third parties.