CLAIRE GODWIN
PILATES

Pre-Exercise Questionnaire

Please answer the questions below as accurately as you can.

Name: _____ Age: _____ Sex: _____

Address: _____

_____

Email: _____ Postcode: _____

Your data will be held in paper form and used to contact you (under 18's information will only be held if this form is signed by a Parent / Guardian) if necessary. This data will only be used for the purpose for which it is collected, in confidence and not supplied or shared with any third parties.

Contact number: _____ Mobile: _____

Emergency Name and Contact: _____

		YES	NO
1	Have you ever suffered from heart disease, high blood pressure or any other cardio vascular problem	☐	☐
2	Is there a history of heart disease in your family under the age of 50	☐	☐
3	Have you ever had chest pains	☐	☐
4	Do you ever feel faint of have spells of dizziness	☐	☐
5	Have you had a medical condition, which you think may interfere with your participation in any exercise programme? If yes please give details	☐	☐
6	Are you taking medication at the moment? If yes please give details	☐	☐
7	Are you recovering from a recent illness or operation	☐	☐
8	Do you have any injuries, which you think may limit your ability to exercise?	☐	☐
9	Are you pregnant or have you had a baby in the last 6 months?	☐	☐
10	Are you a newcomer to exercise and aged over 35 (male) or 45 (female)?	☐	☐
11	Do you smoke	☐	☐

I**f you have answered yes to any of the above questions, please give further information on the following page.** You may also need to get clearance from your doctor before starting any exercise programme

If you have ever had any of the following, please tell your instructor prior to the session

	ANY PAIN OR INJURIES IN THE FOLLOWING AREAS
ASTHMA ☐	NECK ☐
CRAMPS ☐	BACK ☐
DIABETES ☐	HIPS ☐
MUSCULAR PAIN ☐	KNEES ☐
ARTHRITIS ☐	ANKLES ☐

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Exercise History

What Exercise have you been doing recently: Type: _____

Intensity, please circle: Hard Medium Light

How long: _____ (months / years) How often: _____

How many hours per day do you spend sitting? Please circle 0-2 2-5 5-8 8+

Additional Information:

Comments / Advice given:

I acknowledge that I have not withheld any relevant information relating to my present health status. I understand it is my responsibility to inform my Instructor of any future changes in health that may occur or of any problems I experience while exercising.
Whilst safe and effective exercise may produce many health benefits, it is important to realise there is also the low possibility of exercising causing come difficulties. It is recommended that to avoid any risk, you start to exercise at a low level and gradually build up your fitness. Initially you may experience some local muscular soreness and slight fatigue, but as the programme continues, they should disappear. I understand that there may be a small risk in starting an exercise programme and I undertake to inform my instructor if I experience any problems while exercising.

_____ _____

Please sign Date