



The Reformed Body Pilates Studio PRE- EXERCISE QUESTIONARIE

Name _____ D.O.B _____ Age _____

Address _____ Postcode _____

Ph (H) _____ (W) _____ (M) _____ Email _____

Occupation _____ Emergency contact name & No. _____

Referred By _____ **OR** how did you find the Studio _____

Medical Health

Is there anyone in your family under 60 that has suffered the following?

Heart Disease	Yes	No
Stroke	Yes	No
Raised Cholesterol	Yes	No
Sudden death (if so, please write the cause)	Yes	No

Have you discussed undertaking Pilates with your GP? Yes No

Have you been hospitalised within the last 6 months? Yes No Due to _____

Are you pregnant? – if you are please fill in pregnancy form Yes No

Are you on any prescribed medications? Yes No

What are they treating and are there any known side effects to exercise

Are you a smoker? Yes No

Do you suffer from or have you a history of any of the following?

- | | |
|---|---|
| <input type="checkbox"/> Gout | <input type="checkbox"/> Stomach / Duodenal Ulcer |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Murmur |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> High Blood Pressure > 140/90 |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Low Blood Pressure |
| <input type="checkbox"/> Abdomina/Pelvic Floor Surgery
(Hysterectomy, prolapse repair) | <input type="checkbox"/> Raised Cholesterol |
| <input type="checkbox"/> Incontinence | <input type="checkbox"/> Palpitations or pains in the chest |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Dizziness/ Fainting |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Carpal Tunnel Syndrome |
| <input type="checkbox"/> Hip replacement | <input type="checkbox"/> Parkinson's Disease |
| <input type="checkbox"/> Anxiety/Depression | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Asthma (if yes, please carry medication) | <input type="checkbox"/> Other _____ |

Please detail, if answering yes to the above _____

History of Exercise

Are you male over 35 or female over 45 and not used to regular exercise Yes No
Have you done any Pilates before? If so, where, for how long and how long has it been since you have done Pilates?

Where _____ How long for _____ How long since _____

What type of other exercise are you currently doing? _____

Please tick and detail any area that has been or is a current area of pain, injury or muscular tightness

Neck _____

Shoulders _____

Back _____

Hips _____

Knees _____

Ankles _____

Feet _____

Wrists _____

Elbows _____

Are you currently seeing a medical/health practitioner for any of the above conditions? What is their name?

At times The Reformed Body may feel it necessary to contact the specific treating practitioner you are in consultation with to ensure the appropriate level of care is in place. This will provide a continuous care plan for you. We will always seek your permission before doing so.

What would you like to achieve by doing Pilates?

Please read the following advice carefully:

Please ensure you are well hydrated before class, and you are not exercising on an empty or full stomach. You may experience delayed onset muscle soreness for up to 72 hours after a class, this is a normal part of exercising weak muscles. If you feel that any soreness was not muscular please let your instructor know. Should you suffer any injury, illness or condition in the future, also please let your instructor know on your next visit.

Statement and agreement between The Reformed Body Pilates Studio and myself:

I have answered the questions to the best of my ability and understand the above advice and to the extent permitted by statute hereby waive my right to pursue any claim as a result of my participation in the exercise sessions to which this Exercise Questionnaire relates. **I agree to avoid being billed for the full class fee by giving 24 hours notice if I need to cancel my class. I understand there is a No refund Policy at The Reformed Body.**

Signed _____ Date _____