



PILATES, YOGA & MEDITATION MEDICAL HISTORY FORM

PARTICIPANT DETAILS:

NAME:

DATE OF BIRTH:

MOBILE:

HOME PH:

WORK PH:

EMAIL ADDRESS:

POSTAL ADDRESS:

CONTACT PERSON IN CASE OF EMERGENCY:

NAME:

PHONE:

MEDICAL HISTORY

ABOUT YOU:

Y / N

Are Male, over 45 Years?	<input type="text"/>
Are Female, Over 55 Years?	<input type="text"/>
Are a smoker?	<input type="text"/>
Have high blood pressure?	<input type="text"/>
Have a family history of Heart Attack?	<input type="text"/>
Are diabetic	<input type="text"/>
Are physically inactive?	<input type="text"/>

HISTORY - HAVE YOU HAD:

Y / N

A heart attack?	<input type="text"/>
A pacemaker?	<input type="text"/>
Heart failure	<input type="text"/>
Heart valve disease?	<input type="text"/>
A heart transplant?	<input type="text"/>

SYMPTOMS - YOU EXPERIENCE:

Y / N

Chest discomfort?	<input type="text"/>
Irregular breathing?	<input type="text"/>
Have epilepsy?	<input type="text"/>
Have asthma?	<input type="text"/>
Dizziness, fainting or blackouts?	<input type="text"/>
Other:	<input type="text"/>
Other:	<input type="text"/>

PREGNANCY

Y / N

Are you pregnant?	<input type="text"/>
How many Weeks?	<input type="text"/>
Approximate Due Date?	<input type="text"/>

NOTE: Pregnant participants are required to supply Fix Muscle Performance with a written medical release from their Obstetrician, General Practitioner or Midwife prior to commencing their Pilates class.

OTHER HEALTH ISSUES:**Y / N**

Do you take any prescription medications?

- If you are taking medications please list the names and the conditions they are used to treat:

CONDITIONS OR INJURIES**Y / N****Do you have any other medical conditions or injuries that may prevent you from exercising?**

- If yes, please provide details:

Have you sought treatment for this injury?

- If you did seek treatment please list which type:

Any further investigations (g.g. X-rays or CT/MRI scans)?

- If yes, please provide details:

How did you find out about our Reformer Pilates / Yoga Classes (please tick)?

Facebook/Instagram

Newspaper Advertisement

Google / Website

Word of Mouth

Other

Please Detail:

GENERAL RELEASE

In consideration of my participation in ALL Fix Muscle Performance classes and having completed the medical history, I hereby generally release Fix Muscle Performance owners, instructors of any liability whatsoever related to my participation in those classes. By completing the Medical History Form I have fully and truthfully disclosed my current medical condition and appreciate that my participation will involve physically demanding activity. I certify that I am physically fit for participation in the classes which I undertake at my own risk.

SIGNED:.....

DATE:...../...../.....

FOR ALL FIX CLASS PASSES & FIX MEMBERSHIPS - HAVE YOU READ AND UNDERSTOOD ALL GUIDELINES AND TERMS & CONDITIONS?

Sign your name here to signify you have read and understood all information

Date