**PILATES HEALTH SCREENING FORM**

Name:……………………………………………………..Todays Date:………………………………………

Date of Birth:………………………………………………………………………………………………………….

Address:……….…………………………………………………………………….…Postcode:…………

Tel No: ………………………………………….. **Email address**:…..…………………… ………………………………

Please answer the following questions, your answers will be treated in confidence.

1. Do you suffer from any back problems? if so please give details

…………………………………………………………………………………………………………………………………..

2. Have you ever had treatment for a back problem? Yes / No

……..……………………………………………………………………………………………………………………………..

……..……………………………………………………………………………………………………………………………..

3. Are you suffering from any other medical problems that may affect your ability to exercise?

……..……………………………………………………………………………………………………………………………..

4. Have you any additional Health information that may be relevant?

……..……………………………………………………………………………………………………………………………..

5. How do you rate your overall posture – give details?

Excellent ……..………………………………………………………………………………………………………………….

Average ……..………………………………………………………………………………………………………………….

Poor ……..………………………………………………………………………………………………………………………

Very poor……..………………………………………………………………………………………………………………….

6.Where did you hear about the class ? ……………………..……………………………………………………………

## Thank you for your time

I have given accurate information to the above questions. I will inform the instructor if any of the above details change. I take full responsibility for any injury, loss or damage to my person or property that may arise directly or indirectly from my participation in the exercises. I understand that I attend Pilates at my own risk.

Signed:……………………………………….……….……………………………….…………………………………………

For instructors’ use: advice given