



Mitchell Street
Dungarvan
Co. Waterford
Mob: 087 2153132
Ph: 058 86030
Web: www.pilateslifestyle.com
Email: caroline@pilateslifestyle.com

Adult Health Screening Form

Name:

Address:

Email:

Phone:

(m)

(h)

(w)

Occupation:

How did you hear about Pilates Lifestyle? (Please tick)

Friend Internet Advert Word of Mouth Other

Have you taken Pilates classes before? (Please tick)

No Yes Where & when?

List previous and current physical activities:

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Do you currently have any of the following?

Do you have Osteoporosis?	Yes / No
Are you pregnant or have you had a baby in last 9 months?	Yes / No

Have you ever been told by your Doctor that you have a medical condition which could be made worse by exercising?	Yes / No
Do you have asthma?	Yes / No
Has your Doctor ever said that you have any sort of heart problem, chest pain or defect?	Yes / No
Do you suffering from diabetes?	Yes / No
Is your blood pressure High / Low / Normal (delete as appropriate)	
Have you had any operation or injuries in the last year?	Yes / No
Do you have arthritic joints which could be made worse by exercise?	Yes / No
Do you ever feel pain in your chest when you do physical activity?	Yes / No
Do you ever feel faint or have spells of dizziness?	Yes / No
Are you currently taking medication that we should be made aware of?	Yes / No
Do you have epilepsy or any other condition that we should be made aware of?	Yes / No
Is there anything else in terms of you exercising that you should make us aware of?	Yes / No
If you have answered 'Yes' to any of the above, please give in details	
Any past history of injuries, surgery, operations, please provide details:	



Aims & Goals

What brought you to Pilates?

What aspect of your health or fitness would you like to focus on?

Strength Flexibility Stress reduction Posture Pelvic Floor Weight Loss

Other? (please explain)

Pilates Lifestyle Statement

I confirm that I (and all other teachers at Pilates Lifestyle) are professionally qualified Pilates Instructor who carry appropriate public liability insurance and possess valid first aid certificates. All instructors at Pilates Lifestyle endeavour to design develop and teach Pilates programmes to benefit the needs of our clients.

Acknowledgement of risk and waiver of liability

I understand that I, _____ will be participating in a fitness programme through Pilates Lifestyle that will require physical exertion. **I am aware that I must inform the instructor of any health issues or problems that may arise in the future prior before the start of each class.** Pilates exercise are very safe but as with all forms of exercise, it is recommended that you consult your doctor if you suffer from any health problems or special conditions or are in any doubt as to its suitability. If you are undergoing medical treatment or are taking medication, again you will need to consult your medical practitioners first. Pilates should not be considered a replacement for professional medical treatment. Pilates Lifestyle and its consultants accept no liability related to participation in a class if 1) your doctor has advised you against such exercise; 2) you fail to observe instruction on safety or technique; 3) such injury is caused by negligence of another participant in the class.

I understand that by signing this statement, I am agreeing not to hold Pilates Lifestyle or any of its consultants, responsible for any bodily injury or property damage that I may suffer as a result of my participation in a fitness programme through Pilates Lifestyle at home, in the studio or elsewhere. As such, I understand and agree that Pilates Lifestyle, and its consultants shall not be liable for any bodily injury or property damage that may result either directly or indirectly from my participation in a fitness programme through Pilates Lifestyle.

Participants Signature		Date:	
Please PRINT name			

