

My Pilates Health Questionnaire

Please answer the following questions, and give details below for any YES answers

- 1 Do you have a heart condition?
- 2 Do you have or have you ever had chest pain during exercise ?
- 3 Do you have high or low blood pressure ?
- 5 Do you have diabetes ?
- 6 Do you have epilepsy ?
- 7 Are you currently experiencing neck / back pain?
- 8 Do you have a history of neck or back pain ? If yes, how many episodes? When was the most recent?
- 9 Do you have any other spinal condition: scoliosis, osteoporosis ?
- 10 Do you have any other joint problems , shoulders or knees ?
- 11 Have you had any neck / back or joint surgery ?. Hip replacement ...
- 12 Have you had any other recent surgery ?
- 13 Do you suffer from ME/fibromyalgia or any neurological conditions ?
- 14 Do you have any other medical conditions ?
- 15 Are you pregnant ? If so, how many weeks ?
- 16 Have you given birth in the last 2 years ? If so, when ?
- 15 Are you aware of any other reason why you should not exercise without medical supervision ?

If you answer yes to any of the questions above, please explain:

PILATES PARTICIPATION INFORMED CONSENT:

The Pilates/Barre/Yoga & other exercises taught during My Pilates classes are meant to supplement and not be a substitute for professional care and treatment. Those with a serious ailment should not use them without prior consultation with a qualified health care professional. We offer private sessions at any point if you feel you need further one-to-one assessment.

I take full responsibility for my actions during My Pilates/Barre /Yoga /or other classes. I have given full details of any medical conditions in the above questionnaire and will keep the Instructor up to date with any changes in my state of health.

Signed:

Date: _____