Coleman PILATES

HEALTH QUESTIONNAIRE

Full Name: _____ DOB: _____

Do you have now or have you ever been treated for any of the following:

Back problems	Y N	High Blood Pressure	Y N
Neck problems	Y N	Low Blood Pressure	Y N
Shoulder problems	Y N	Glaucoma	Y N
Knee problems	Y N	Chronic Fatigue Syndrome	Y N
Other joint problems	Y N	Repetitive strain Injury	Y N
Osteoporosis	Y N	Surgery	Y N
Arthritis	Y N	Had a course of steroids	Y N
Diabetes	Y N	Other medical problems	Y N
Heart problems	Y N	Accidents / Falls	Y N
Lung problems	Y N	Are you pregnant	Y N
Seizures / Epilepsy	Y N	Been pregnant in the last 6 months	Y N

Please explain any YES answers, including dates of surgery:

_____
_____
_____
_____

Please list any prescribed &/or non-prescribed medication you are taking:

_____
_____
_____

Please give details of medical professionals you are seeing, include your GP, chiropractor, osteopath, physiotherapist etc.

Name: _____   Name: _____
Address: _____   Address: _____
_____   _____
_____   _____
Tel: _____   Tel: _____
Profession: _____   Profession: _____

May I contact them to discuss your needs?   Y   N
Have you been released to exercise?   Y   N

Sport/activities: _____

Classical Pilates involves physical exercise. I will participate in the activity at my own risk.
I RELEASE the teacher from any and all liability arising out of participation.
Missed 1-1's or late cancellations, less than 24 hours, will be liable to pay 50 to 100% of the cost.
Group classes are payable monthly in advance, missed classes are still charged for.

Signed: _____   Date: _____
Address: _____   Mobile: _____
_____   email: _____
Postcode: _____   Occupation: _____