

# Joanne Cornish Pilates

Being active is safe and fun for most people. The following questions are designed to identify the small number of adults for whom physical activity may be inappropriate or those who should seek medical advice concerning the type of activity that they should undertake. They will also allow your Pilates teacher to give you the best results during your sessions. Please complete this form as accurately and completely as possible.

## Personal details

Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address \_\_\_\_\_ Telephone Home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Mobile: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Postcode \_\_\_\_\_ Occupation \_\_\_\_\_

## Aims and objectives

In order to best serve your needs it is good to know what brought you to Pilates and what your aims and expectations are for the sessions

What hobbies or sports do you enjoy?

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Have you exercised in the past or present?

Yes / No

*If yes, please give details*

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Do you have any experience in the Pilates method?

Yes / No

*If yes, please give details*

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Do you have any specific aims, objectives or expectations that you would like to meet during your Pilates sessions?

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### Health and wellbeing questions

Please read the questions carefully and tick Yes / No where appropriate. If you answer yes for any questions, please give more information in the box provided.

Question	Yes	No	If yes, please give details
• Do you, or have you in the past had heart or cardiovascular problems			
• Do you, or have you in the past had circulatory problems, e.g. high / low blood pressure			
• Do you feel pain in your chest when you do physical activity			
• Do you suffer from any allergies or asthma			
• If so, do you use an inhaler or take antihistamines			
• Do you often feel faint or dizzy and if so, is it made worse by exercise			
• Do you suffer from epilepsy			
• Do you suffer from diabetes			
• Do you have arthritis			
• Do you suffer from, or do you have a family history of osteoporosis			
• Have you ever broken a bone			
• Do you have any joint problems			
• Have you had any injuries in the last 3 years			
Have you had any major illness or operations in the last 3 years			
• Do you have any large scars			
Do you suffer from pain or restricted movement in any joints			
• Have you ever undertaken any remedial therapy e.g. physiotherapy			
• Are you currently under the care of a doctor or other physical therapist			
• Have you ever been told by a doctor or any other physical therapist that you should not exercise			
• Are you or could you be pregnant			
• Are you currently taking any medication			
• Do you smoke, or have you ever smoked			
• Are there any other issues not yet mentioned that may be relevant			

## Emergency contact details

Please provide details of who we may contact in the event of an emergency

Name \_\_\_\_\_ Telephone Home: \_\_\_\_\_  
Address \_\_\_\_\_ Mobile: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_ Relationship \_\_\_\_\_

## Declaration

I have answered all questions to the best of my knowledge and belief and know of no other reason why I should not undertake a course of exercise.

I will immediately inform the Pilates teacher if my medical condition changes in the future or if I am advised by my medical practitioner or other remedial therapist that I should refrain from exercise or particular movement patterns.

I will immediately inform the Pilates teacher if I become pregnant, or suspect I may be pregnant.

I understand that all exercise carries a risk of injury. I accept responsibility for my own body and own safety and acknowledge that I participate in this physical activity at my own risk and will stop exercising should I need to. I understand that I am free to choose not to participate in any prescribed exercise or activity throughout the session.

The Pilates teacher may offer me professional advice and guidance relating to my ability to exercise and I accept that she may decide that it is unsafe to continue teaching me if I do not wish to follow that advise.

The Pilates teacher may recommend that she contacts my GP or other physical therapist to discuss treatment, scans or test results relating to my physical activity and I understand that she will obtain my permission before making contact.

Pilates exercises are not a substitute to medical treatment or counselling and I will refer back to my medical practitioner regarding any existing treatment programs.

In the event of an emergency, I authorise you to contact my emergency contact who is aware that you may do so.

All information contained in this form is used solely for assessing suitability for exercise and for guiding the prescription of an exercise program. This information will be held securely and will not be passed on to any other party.

Signature \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_