

Pilates - Health Screening Questionnaire

Instructions

Complete this form, save it under your own name, then email it as a file attachment to:
clare.brown680@ntlworld.com

Personal Details

Name	Email Address
Address	GP Name/Surgery
Mobile Telephone	Date of Birth
Home Telephone	Occupation

How did you hear about these classes? Eg local newspaper, internet, friend, flyer etc

For course bookings and drop in sessions, which session are you most interested in attending ?

Have you done any Pilates classes before? Please give details eg beginner

Health History

Please **delete** "Yes" or "No" to the following questions. If you answer "**yes**" to any of the questions, please **give details** in the spaces provided.

1. Has a doctor ever said that you have a heart condition, and that you should only do physical activity recommended by a Doctor?

Yes No If yes, please provide details here.

2. Do you ever feel pain in your chest when you are not exercising or not doing physical activity?

Yes No If yes, please provide details here.

3. Do you often feel faint or have spells of severe dizziness?

Yes No If yes, please provide details here.

4. Do you have, or have you ever had a bone or joint condition that could be made worse by exercise or that could prevent you from exercising?

Yes No If yes, please provide details here.

5. Are you currently taking any prescribed medication?

Yes No If yes, please provide details here.

6. Do you know of any other condition that might be reason for you not to exercise?

Yes No If yes, please provide details here.

7. Do you have any other medical conditions not mentioned (e.g. Asthma, Diabetes, Arthritis, Epilepsy, Hernia, Dizziness, Circulation problems)?

Yes No If yes, please provide details here.

8. Do you have, or have you ever had high blood pressure?

Yes No

FEMALE PARTICIPANTS ONLY

9. Have you had a baby in the last 6 months?

Yes No If yes, please provide your baby's age and type of birth eg natural/c-section

Please tell me your motivation for coming along to **Pilates**.

Informed Consent

I confirm that I have completed the above questionnaire to the best of my ability and that I have provided accurate information regarding my current health status. I take it upon myself to discuss any changes in my health with my instructor. I understand that any exercise programme has certain risks. I understand that the degrees of risk depend on my health and physical fitness. I am voluntarily participating in the class, and will immediately discontinue any activity if I feel any symptoms of distress or discomfort, and will notify my instructor.

I understand and acknowledge that my instructor is not a Medical Practitioner and therefore cannot diagnose or treat individual medical problems. All such questions and concerns should be directed to my own General Practitioner and I agree to do so.

Client's Signature: _____ Date: _____

Instructor's Signature: _Clare Brown_____ Date: _____

PAYMENT INSTRUCTIONS

£70 for 12 sessions to be used within 6 weeks (twice a week) £40 for 6 sessions, tickets to be used within 6 weeks or £28 for 4 sessions tickets to be used within 4 weeks or £8.00 per session on arrival at the class (for this option ring or text on the day to make sure of a space or book in the week before giving at least 24hrs notice of a cancellation)

1-2-1 sessions £35 per hour (longer sessions available, see web site for details) pay on the day but give at least 24 hrs notice for any cancellation. All first sessions include a posture check and are minimum 75 mins and costs £40. I have an excellent offer at the moment- Take full advantage of your first session by adding a comprehensive posture feedback back sheet and personalized exercise plan in to your package for only £20 extra -£60 total

To secure your place on a 6 week course payment of £40 is required upfront before you attend your first class. You could either:

- post a cheque (made payable to Clare Brown) to: 12 Clinton St, Beeston, Notts, NG9 1AZ
- pay via BACS/online bank transfer: Nat West account / Sort code 51-70-06/ Account number 76532747
- If you really prefer to pay your £36 course fee on the day of your first session let me know.

Please give at least 24 hrs notice of any cancellation or you will be expected to pay for the session