

Health Questionnaire

The aim of this questionnaire is to gather background information about yourself and your general health prior to attending Pilates Classes/1:1 sessions. All information will be treated confidentially.

The questionnaire should take no longer than 10 minutes to complete (please ensure all sections are filled-in).

All information will be treated in the strictest confidence.

Name:			
Address:			
Postcode:			
D.O.B:			
Home Tel No:		Mobile Tel No:	
E-mail:			
GP Name + Address			
Consultant Name + Location (if applicable)			
How did you hear about Pilates Therapy Swansea?			

Your Lifestyle

What is your Occupation?

Does your occupation involve any repetitive movements / activities or postures such as:- predominantly sitting / desk based / lifting / bending or similar. If so please explain:

What sports & hobbies are you involved in?

Have you had to discontinue or modify your sports or hobbies for any health reason?

Yes **No** if **YES** please provide details:

Purpose of Pilates

Have you ever practiced Pilates before? **Yes** **No**

If **YES**, what style (e.g. Body Control; Stott) and for how long?

What is your purpose for doing Pilates?

What health or physical goals do you hope to achieve by practising Pilates?

Have you been referred to Pilates by a specialist health practitioner? **Yes** **No**

If YES, by whom?

What aspect of your health would you like Pilates to concentrate on?

Please tick the appropriate boxes.

Core Stability

Strength

Flexibility

Stress Management

Relaxation

Posture

Other (please specify)

Your General Health

Are you currently experiencing any of the following conditions? (Please indicate as appropriate):

- Low Back Pain **Yes** **No**
- Pelvic Pain **Yes** **No**
- Any other spinal condition **Yes** **No**
- Any other orthopaedic condition **Yes** **No**
- Heart problems **Yes** **No**
- High or low blood pressure **Yes** **No**
- Epilepsy (Grand mal seizures) **Yes** **No**

If you have answered yes to any of the above please give further details:-

Are you pregnant? **Yes** **No**

If YES, how many weeks pregnant are you?

If YES, have you had any complications in your pregnancy? **Yes** **No**

Please give details:

Have you ever had an episode of low back pain? **Yes** **No**

If **YES**, how many **previous episodes** of low back pain have you had?

Have you had any recent injuries or surgery? **Yes** **No**

If yes please give details:

Have you been diagnosed with or have had treatment for any of the following conditions:
(Please indicate as appropriate)

Asthma **Arthritis** **Stroke** **Diabetes** **Osteoporosis**

Depression **Bronchitis** **COPD** **Cancer** **Dermatitis**

Joint Disorders

Do you have any pain or restricted movements in any joints e.g. hip or knee? **Yes** **No**

If YES, please give details:

Do you suffer from any bone or joint problems? **Yes** **No**

If YES, please give details:

Have you ever been diagnosed with Hypermobility? **Yes** **No**

If YES, please give details:

Neck problems

Do you get headaches frequently? **Yes** **No**

If YES, please give details:

Do you lose your balance because of dizziness? **Yes** **No**

If YES, please give details:

Do you suffer from pins & needles at all? **Yes** **No**

If YES, please give details:

Medication

Are you currently taking regular medication? **Yes** **No**

If YES, please list:-

Have you ever taken steroids? **Yes** **No**

If YES, please give details:

Have you ever taken anticoagulants (drugs to thin the blood)? **Yes** **No**

If YES, please give details:

Please list any health problems that you suffer with, not already mentioned, that may affect your ability to exercise. Please expand on any of the questions above and give any further relevant details below:

Pilates Participation Informed Consent Form

The Pilates programme will begin at a low level and will be advanced in stages depending on my fitness level/ spinal condition. I acknowledge that it is important for me to exercise at my own rate and within my own level of comfort and ability. If at any time I am unsure of the exercise or am experiencing any discomfort/ pain, I will stop the exercise completely and inform the instructor. The Pilates Programme of exercises should only be undertaken when in the Pilates Class or when I have been given specific instructions to exercise on my own.

There exists the possibility of certain dangers when exercising. These include abnormal blood pressure, fainting, abnormal heart rhythm and in rare cases, heart attack, stroke or death. While every care will be taken, it is impossible to predict the body's exact response to exercise. I acknowledge that every effort will be made to minimise these risks, by the Pilates Health Assessment Process undertaken by my assessor, and by observation during the Pilates classes/ 1:1 sessions

These sessions are not a substitute for medical advice or treatment. If you have any doubts about the suitability of the exercises you should refer back to your medical practitioner. The teacher can accept no liability for personal injury related to participation in a session if:

- Your doctor has, on health grounds, advised you against such exercise
- You fail to observe instructions on safety and technique
- Such injury is caused by the negligence of another participant in the class

It is advisable to inform your GP prior to starting any new form of physical exercise. Please advise the teacher before commencing any session if, for any reason your health or ability to exercise changes.

This information is protected in accordance with the Data Protection Act 1984.

I acknowledge that I have read this form in its entirety or it has been read to me, and I understand my responsibility in the Modified Pilates Exercise Classes/1:1 sessions in which I will be engaged. I accept the risks, rules, and regulations set forth. Knowing these, and having had an opportunity to ask questions which have been answered to my satisfaction, I consent to participate in Modified Pilates Exercise Classes/1:1 sessions.

Yes No

Date:-

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE