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HEALTH SCREENING QUESTIONNAIRE & INFORMED CONSENT

Class Venue_____

Class day & time_____

Name_____

Address_____

Postcode_____

Contact Phone Number_____

e-mail address:_____

Emergency Contact Name, Address & Telephone number_____

What is your occupation?_____

Name of publication where you saw Sidey's Pilates advertised _____

Age (please tick): under 25 25 – 35 35 – 45 45 – 55 55 – 65 65+

Please read the questions carefully and answer each one as honestly as you can. Please tick appropriate box, YES or NO.

1) Are you on any medication that may affect you during the session? Yes No

If you answered YES please give details:_____

2) Have you any illness/disabilities? Yes No

If you answered YES please give details:_____

3) Do you have any injuries or joint problems? Yes No

If you answered YES please give details:_____

4) Have you been recommended to do Pilates by a health/medical practitioner e.g. Physiotherapist? Yes No

If you answered YES please give details and contact numbers if possible_____

5) Are you pregnant or have you been pregnant in the last 6 months? Yes No

6) In brief please state (a) your exercise history (i.e. when you last exercised and what activity it was and (b) what are you hoping to achieve from your class?

(a)_____

(b)_____

SIDEY'S PILATES

If you have answered YES to any of the above questions, we suggest you seek medical approval to continue with your training. Please feel free to mention anything else that I may need to know to keep your session safe both now and as the training progresses.

Whilst every effort is made to keep the session both safe and effective there is a risk of injury as with any programme of activity. I am participating of my own free will. On rare occasions there may be a stand in teacher. Please feel free to discuss any questions you may have regarding your Pilates class.

Informed Consent

I hereby state that I have read, understood and answered honestly the pre-exercise health screening questionnaire. Any questions I had were answered to my full satisfaction. Whilst every effort is made to keep the class safe and enjoyable, I am participating of my own free will and as with any exercise programme there is a risk of injury. I understand that on rare occasions there may be a stand in teacher.

Name: <u> DIANE SIDEY </u> (Instructor)	Signature: _____
Name: _____ (Client)	Signature: _____
Date: _____	

Pilates Instructor

If the participant has ticked YES to any of the pre-exercise questions, record the advice that you have given below:
