

SJPilates Health Questionnaire

shirley jeffers
PILATES INSTRUCTOR



Full Name:

Date of Birth :

Address

.....

.....

Postcode

Telephone Mobile

Recommended /Referred by:

Member of any Health/Gym Club: Yes/No

List any Sports / Hobbies:

Occupation:

Does your work involve any of the following:

- Sitting for long periods Yes/No
- Bending Yes/No
- Lifting of heavy objects Yes/No
- Standing for long periods Yes/No
- Any other repetitive action Yes/No

Health

Have you suffered from any of the following:

Any Heart Problems Yes/No If Yes details

.....

.....

High Blood Pressure Yes/No If Yes details

.....

.....

- Epilepsy Yes/No
- Diabetes Yes/No
- Headaches Yes/No
- Asthma /Breathing Problems Yes/No

SJPilates Health Questionnaire

Please give full details if you suffer or have suffered from any of the following:

Neck problems Yes/No If Yes details.....

.....

Bone /Joint Problems Yes/No If Yes details.....

.....

Back Problems Yes/No If Yes details.....

.....

Past Major Operations Yes/No If Yes details.....

.....

Are you pregnant /have you had a baby within the last year

Please provide details

.....

Are there any movements that caused pain e.g. raising your arms, bending forward/
to the side Yes/No If Yes give full details

.....

Have you been given any remedial exercises Yes/No

If Yes details.....

.....

What do you want to achieve from your session?

.....

.....

N.B

Mat Classes are not suitable for the following:

1. **If you suffer from a Disc Herniation, Spinal Spondylosis or Spondylolisthesis**

I cannot accept liability for any personal injury related if:

1. **Your doctor on health grounds has advised against such exercise**
2. **You fail to observe instructions on safety /techniques**

Signed

Date

Return address: SJPilates, 26 Treeside Road, Shirley, Southampton SO15 5FZ