

Pilates

with Zoe

HEALTH SCREENING QUESTIONNAIRE & INFORMED CONSENT MATWORK, PHIT AND REFORMER PILATES

YOUR CLASS

Class Venue: _____

Class day and time: _____

YOUR DETAILS

Name: _____

Address: _____

Postcode: _____

Contact phone number: _____

E-mail address: _____

Emergency contact name and number: _____

GETTING TO KNOW YOU

What's your occupation? _____

Age (please circle):

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 circle appropriate box YES or NO

1) Are you on any medication that may effect you during the session? YES NO

If you answered YES please give details: _____

2) Have you had any illness or 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
Physio/osteo/chiro? YES NO

If you answered YES please supply details and contact number if possible _____

5) Are you pregnant or have you been pregnant in the last 6 months? YES NO

6) In brief please state your exercise history

a) when you last exercised and what activity it was?

b) what are you hoping to achieve from your class?

PHIT - PILATES HIGH INTENSITY TRAINING

If you are participating in PHIT classes please indicate that you have read and understood the following. PHIT is an intense and more advanced form of Pilates. It is not entirely limited to Pilates moves and will increase heart rate and therefore improve stamina. It is advisable to have attended at least one full course of Pilates before starting PHIT and to have attended a free PHIT trial session. Your body should be free of injury.

NAME (print): _____ Signature: _____

PILATES WITH ZOE

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. You are responsible for your own body. Should you feel any discomfort in areas of concern (neck, lower back, shoulders) please inform me immediately and I can modify the move.

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.

NAME OF INSTRUCTOR: Zoe Wadey Signature _____

NAME OF CLIENT: _____ Signature _____

DATE: _____

Pilates Instructor

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

PRIVACY POLICY

Please be assured your personal information will never be shared with third parties and will always be stored confidentially. I will only use your contact details to inform you of relevant course information. Your health details will only be used to ensure you are working safely in class.

Please circle NO if you would rather not receive information related to future courses.