pilates that matters

Consent Form

Please complete this short questionnaire so that we can understand and assess your needs.

Please tick the relevant boxes:	Yes	No
1. Do you have any joint or bone problems?		
2. Are you on any medication for blood pressure or heart condition?		
3. Do you suffer from dizziness or fainting?		
4. Have you got Diabetes/ epilepsy, or Angina ?		
5. What other exercise do you do? And how many times a week?		
6. Do you have any stiffness or tension in specific area?		
7. Do you suffer from back pain?		
8. Are you aware of any other physical reason why you should not exercise without medical supervision?		
9. Any other relevant information?		

NAME:	
ADDRESS:	
TELEPHONE:	
EMAIL:	
D.O.B	
GP & SURGERY	

I understand that I have answered the above questions fully, and am taking part willingly in the exercising programme on offer. I understand that I am responsible for my choice of exercise with in the session. I understand that the instructor will occasionally place their hands on me to correct, if you prefer not to be touched please let the instructor know.

SIGNATURE…….DATE…….