



HEALTH QUESTIONNAIRE & CONSENT FORM

Suite 3, 872 South Western Hwy BYFORD WA 6122

mind, body, spirit

Full Name: _____

Birthday: _____

Age: _____

If minor, name of parent/guardian: _____

Address: _____

Contact #: _____

Email address: _____

Have you done Pilates before? YES / NO

How did you hear about us?

Why do you want to start Pilates? _____

Friend / Associate

Are you currently exercising? YES / NO if yes; how many times a week?

Google Search

30 mins or more per day; 5 days or more per week

Social Media

30 mins or more per day; 3 days or more per week

Signage

30 mins or more per day; 1 day or more per week

What kind of other exercise or activity do you do? _____

Are you currently experiencing any of the following conditions?

Lower Back Pain

Heart Condition

Epilepsy

Pelvic Pain

Asthma

Arthritis

Other Spinal Condition

High or Low Blood Pressure

Pregnancy

Other Spinal Condition: _____

Pregnant; if yes; How many weeks are you? _____

Have you had any complications during your pregnancy? YES / NO

If yes; what kind of complications _____

Have you had any recent surgeries or injuries? YES / NO

If yes; what kind of surgery or injury _____

Tick any of the following conditions that you have been diagnosed with or have had treatment for?

- | | | |
|--|--|---|
| <input type="checkbox"/> Asthma / Bronchitis | <input type="checkbox"/> Cancer | <input type="checkbox"/> Cardiac Arrhythmia |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Degenerative Joints | <input type="checkbox"/> Lymphedema |
| <input type="checkbox"/> Vertigo | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine |

Emergency Contact Details:

Full Name: _____

Relationship: _____

Contact #: _____

Email Address: _____

Private and Confidential

I declare that I have read the Medical Questionnaire and have completed it to the best of my knowledge. I understand that the Pilates program will begin at a low level and will be advanced in stages depending on my fitness level. I understand and agree that the therapist/instructor or I can stop the exercise session at any time if I am experiencing any symptoms of fatigue or discomfort or at risk of injury. I understand that there is a risk associated with undertaking any exercise program. I understand (a) whilst every care will be taken it is impossible to predict the body's exact response to exercise and (b) every effort will be made to minimise these risks by evaluation of preliminary information relating to the questionnaire and by observation fitness and technique during exercise. I understand that the Pilates program is designed for a general group and not specifically designed as a personal Pilates plan. Therefore I understand that the program of exercises should only be undertaken in a supervised Pilates class. Further I understand and agree that if I perform any of the exercises outside the class then I do so at my own risk. I agree that Atomic Pilates Hub and Instructors, shall not be liable for injuries I suffer in respect of: 1. Pilates exercises I perform outside of a supervised Pilates session. 2. Pilates exercises performed other than in accordance with the direction and instructions of the instructor. 3. Undertaking Pilates exercises while suffering from an injury or ailment of which I have not informed Atomic Pilates or the instructor. 4. Mishap or injury inflicted by other participants of the Pilates group. 5. Any injury sustained while on the premises resulting from personal inattentiveness

DATE: _____

SIGNATURE: _____ **NAME:** _____