



Studio T Pilates Client Questions

The aim of this questionnaire is to gather background information about yourself and your medical history prior to your Pilates assessment. All information will be treated confidentially. The questionnaire should take no longer than 10 minutes to complete.

Name: _____ D.O.B: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Occupation: _____

Does your occupation require any repetitive movements/activities/or postures?

(Predominantly sitting/ desk based/ lifting/ bending etc.) Please Explain:

What sports/hobbies are you involved in? If attending the Pilates for a particular sport please give more specific details (level of difficulty)?

Have you had to modify or discontinue your sport or hobbies? Yes or No

If Yes, Explain: _____

Have you ever practiced Pilates before? If Yes, what style and for how long?

Have you been referred to Pilates by a health professional? If so, by whom?

What aspects of your health would you like Pilates to concentrate on? Please choose all that apply:

Core Stability		Strength	
Flexibility		Stress Management	
Relaxation		Posture	
Pre-Ski		Other:	

Further details:

Your Present Health	
Are you currently experiencing any of the following conditions?	If Yes, please give details
Lower Back Pain	
Pelvic Pain	
Any other spinal condition	
Any other orthopedic conditions	
Heart Problems	
High or low blood pressure	
Epilepsy (Grand Mal Seizures)	
Pregnancy	
Currently Pregnant? If Yes, Due Date?	
Had a baby in the last year? If Yes, When?	
Past Illnesses, injuries and Surgeries	
Have you ever had an episode of low back pain?	
If 'yes' how many previous episodes of low back pain have you had?	
Have you had any recent injuries or surgeries? If yes, please give details	
Neck Problems	
Do you get headaches frequently	
Do you lose your balance because of dizziness	
Do you suffer from pins and needles, numbness or weak in your muscles at all?	
Medications	
Current Medication?	
Have you ever taken anticoagulants, drugs to thin the blood?	
Have you ever taken steroids?	

Please circle any of the following conditions that you have been diagnosed with or have had treatment for:

- | | | | |
|------------|----------------|--------------|------------|
| ASTHMA | OSTEOARTHRITIS | STROKE | DIABETES |
| DEPRESSION | BRONCHITIS | CANCER | DERMATITIS |
| | COPD | OSTEOPAROSIS | |

Please give details:

Have you ever had any other Major Illnesses not included above?

Please list any health problems that you suffer with, not already mentioned, that may affect your ability to exercise. Please expand on any of the questions above and give any further relevant details below.

Pilates Participation Informed Consent Form

The Pilates program will begin at a low level and will be advanced in stages depending on my fitness level/ spinal condition. I acknowledge that it is important for me to exercise at my own rate and within my own level of comfort and ability. If at any time I am unsure of the exercise or am experiencing any discomfort/pain, I will stop exercise completely and inform the instructor. The Pilates program of exercises should only be undertaken when in the Pilates Class or when I have been given specific instructions to exercise on my own.

There exists the possibility of certain dangers when exercising. These include abnormal blood pressure, fainting, abnormal heart rhythm and in rare cases, heart attack, stroke or death. While every care will be taken, it is impossible to predict the body's exact response to exercise. I acknowledge that every effort will be made to minimize these risks, by the Pilates health Assessment process undertaken by my assessor, and by observation during the Pilates classes.

It is advisable to inform your GP prior to starting any new form of physical exercise.

Please advise the teacher before commencing any session if, for any reason your health or ability to exercise changes. These sessions are not a substitute for medical advice or treatment. If you have any doubts about the suitability of the exercises you should refer back to your medical practitioner. The teacher can accept no liability for personal injury related to participation in a session if:

- Your doctor has, on health grounds, advised you against such exercises.
- You fail to observe instructions of safety and technique
- Such injury is caused by the negligence of another participant in the class.

CLIENT SIGNATURE: _____

DATE: _____

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE!



TAMI LYSHER, STUDIO T PILATES OWNER AND PILATES/YOGA INSTRUCTOR