

New Body Pilates: Screening Form

Surname	Tel (Home)
First Name	Tel (Work)
Title	Tel (Emergency)

Current Address	
Postcode	Email
Occupation	Age group Under 16 / 16-25 / 26-35 / 36-45 / 46-55 / 56-65 / 65+

How did you hear about this class?	
Are you a beginner?	
Do you or your family have a history of heart disease?	Yes / No
Has your doctor ever said that you have a heart condition and that you should only do a physical activity recommended by a doctor?	Yes / No
Do you feel pain in your chest when you do physical activity?	Yes / No
Do you ever lose balance through dizziness or do you ever lose consciousness?	Yes / No
Do you have a bone or joint problem that could be made worse by a change in physical activity?	Yes / No
Is your doctor currently prescribing drugs for your blood pressure or a heart condition?	Yes / No
Do you have any medical problems, i.e. Asthma, Epilepsy, Diabetes, Other? If yes please give details:	Yes / No
Do you have any special medication? Please give details:	Yes / No
Are you or do you suspect you may be pregnant?	Yes / No
Have you been pregnant in the last 6 months?	Yes / No
Do you know of any reason why you should not do physical activity?	Yes / No

If you have answered ‘yes’ to any of the above questions and are concerned, please consult your doctor before starting this course.

Please note that there are limited places per course and as a result fees paid are **not** refundable or transferable.

I have read and understood the terms and conditions and agree to them

Signed	Date

Participants take part at their own risk. Therefore the instructor cannot be held responsible for any injury, illness, losses or damage caused or sustained as a result of taking part in these classes, however arising.

Please note; Pilates is primarily an exercise session, we are not medically registered