

Please note that all information gathered from this questionnaire is treated confidentially.

Contact Details

Name: _____ DOB: _____ Date: ____/____/____
 Address: _____ Gender: M / F
 Mobile: _____ Email: _____ Postcode: _____

Emergency Contact Information

Name: _____ Phone: _____ Relationship: _____

Lifestyle

What is your usual occupation? _____
 Does your occupation involve any repetitive movements/activities or prolonged postures? Y / N
 If yes, please briefly explain _____

Your Pilates Goals

Have you ever practiced Pilates before? Y / N If yes, for how long? _____
 What are you hoping to gain from your Pilates classes? _____

Your Present Health

Are you currently experiencing any of the following conditions? If **yes**, please give further information.

Lower back pain	Y / N	_____
Any spinal conditions	Y / N	_____
Heart problems	Y / N	_____
High or low blood pressure	Y / N	_____
Pelvic floor/Continence concerns	Y / N	_____

Do you currently have, or have you had, any **other** medical conditions / injuries / or surgeries which could impact your ability to perform Pilates? _____

Female Clients

Are you currently pregnant? Y / N If **YES**, has your GP/OBGYN cleared you for Pilates classes? Y / N
 Are you breastfeeding? Y / N When was your last child born? _____
 Have you ever had any difficulties with pregnancy/birth? _____

FOR ALL CLIENTS

Is there anything else **not covered** by this Questionnaire that may affect your exercise capabilities? Y / N
 If **YES**, please give details: _____

How did you hear about Wise Move Pilates? _____

INFORMED CONSENT & RELEASE OF LIABILITY

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 the exercise immediately and inform the instructor. I will advise the instructor before commencing any session if, for any reason my health or ability to exercise has changed. I understand that these sessions are not a substitute for medical advice or treatment. I understand that it is advisable to inform my GP prior to starting any new form of physical exercise.

I agree that Wise Move Pilates and it's instructors shall not be liable for any injuries related to participation in a Pilates class if;

- My health professional has, on health grounds, advised me against such exercise
- I undertake Pilates exercises while suffering from an injury or condition of which I have not informed the instructor
- I fail to observe and adhere to instructions on safety and technique
- Such injury is inflicted by another participant in the class

I confirm that I have read and understood all information in the Informed Consent and Release of Liability, and that the information I have given in this Health Questionnaire is true and correct to the best of my knowledge. I also understand that there are no class swaps or refunds.

Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____