

WRC PILATES HEALTH QUESTIONIRE

PLEASE CIRCLE THE APPROPRIATE ANSWER ACCURATLEY TO HELP ME PROVIDE YOU WITH HIGHEST LEVEL OF SERVICE

- Has your doctor ever indicated you have a heart condition? Y/N
- Has your doctor ever said you that you have high blood pressure Y/N
- Have you ever been made aware your cholesterol level is high Y/N
- Do you suffer with chest pain during physical exercise Y/N
- Do you suffer with fainting or dizziness Y/N
- Do you have any bone, joint, or muscular problems Y/N

DETAILS

- Are you pregnant or have been in the last 6 months Y/N
- Are you diabetic Y/N
- Please indicate which type Type 1 / Type 2
- Do you suffer with arthritis Y/N
- Are you taking any medication or drugs Y/N

DETAILS

- Do you suffer from epilepsy Y/N
- Do you suffer with asthma Y/N

- IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE YOU WANT TO CONSULT YOUR GP BEFORE UNDERTAKING ANY EXCERSISE.

T&Cs

I have read and completed this form in its entirety and answered all questions accurately.

I understand that I am responsible for monitoring myself throughout the group exercise classes and take full responsibilities for my own actions.

I will inform my trainer of any symptoms or changes occur.

CLIENT SIGN

DATE

INSTRUCTOR

DATE