



Thank you for choosing Empathy Pilates. Please complete the following form and then sign and date as requested.

Pre-Activity Questionnaire

First Name: _____ Last Name: _____

Home Address: _____

Suburb: _____ Post Code: _____

Date of Birth: _____ Phone (Home): _____

Mobile: _____

Email Address: _____

Occupation: _____ Sedentary Standing Physical High Stress

Emergency Contact: _____ Ph: _____

Relationship: _____

How did you hear about Empathy Pilates?

If you have been referred from a Doctor or other Health Care Practitioner please provide their name and phone number:

To ensure that Empathy Pilates provides you with the most relevant Pilates programme possible, do you consent to us contacting the above Health Care Practitioner, if deemed necessary: Yes No

Have you ever had or do you currently have....? (Tick for Yes)

1. Anyone in your family under 60 suffered heart disease, stroke or sudden death?
2. Are you 'male over 35' or 'female over 45' and NOT used to regular exercise?
3. Do you have any infections / infectious diseases?
4. Are you on any prescription medication?
5. Have you been hospitalised within the past 3-6 months?
6. Are you currently pregnant or have you had a baby in the last 6 months?

If you have answered "Yes" to any of the above questions, we strongly recommend that you receive medical clearance from your G.P. or allied Medical Practitioner before commencing ANY form of exercise programme, including Pilates. Please sign here to acknowledge you have read the recommendation above.

Signature: _____ Date: _____

7. Do you have, or have you ever suffered from, any of the following?

- | | | |
|---------------------|-----------------------|--------------------|
| Gout | Glandular Fever | Heart Conditions |
| Stroke | Abdominal Surgery | Osteoporosis |
| Epilepsy | Ulcers (ie Stomach) | Cancer |
| Hernia | Liver / Kidney Issues | Raised Cholesterol |
| High / Low Blood P. | Allergies | Diabetes |
| Arthritis | Asthma | Bladder Weakness |



8. Do you have any specific reasons for undertaking Pilates?

Fitness	Strength	Posture	Toning	Flexibility
Balance	Bladder Control	Co-ordination	Stress relief	
Other goals please specify				

9. Does your current lifestyle involve extended periods of any of the following?

Sitting	Standing	Driving	Heavy lifting
Computers	Repetitive Actions		
Please specify:			

10. Do you currently participate in any sport or regular physical activity?

Please specify:

11. Do you experience pain or discomfort in any of the following areas?

Neck	Upper back	Shoulders	Lower back
Hips	Knees	Other areas	
Please specify:			

Please specify:

If any of the above boxes are marked, please give all available details:

12. Are there any specific movements that you are aware of that cause you discomfort or pain? E.g. Putting on a seatbelt, lifting arms overhead etc.

13. Is there any other information that you feel might be relevant towards your ability to do exercise?

14. Have you done Pilates before?

Please read the following and sign below.

Payment is required at each session or in advance. To avoid being billed, in full, for any missed classes we require a full 24 hours notice. This ensures we have sufficient time to offer your space to another client. Thank you.

Terms and Conditions

I agree that the information I have given on this document is true and correct and that I have answered all of the questions to the best of my ability. I understand that these questions have been prepared for the purpose of ensuring that Empathy Pilates has all of the relevant information to enable their teachers to recommend an appropriate course of exercises. With that in mind, I also acknowledge that I will notify you of any relevant changes to the information above. I take full responsibility for my actions whilst on the premises of Empathy Pilates & I therefore understand and agree to waive my right to pursue any claim as a result of my participation in the exercise sessions to which the application relates.

I have read and understand the above terms and conditions.

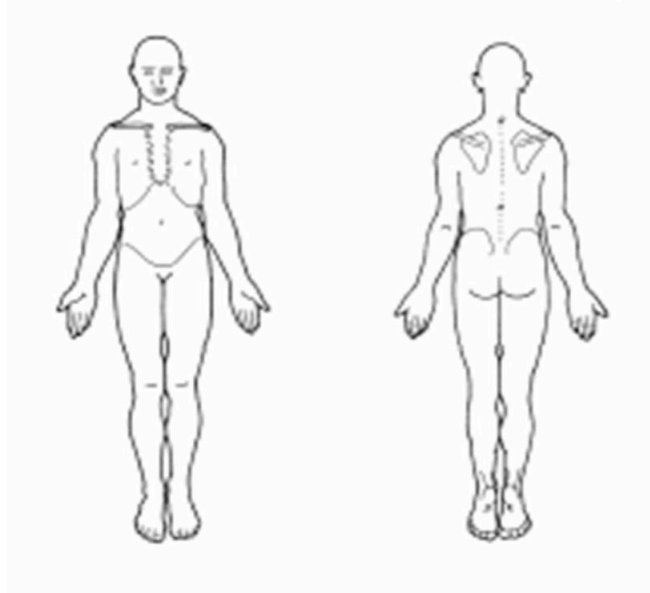
Signed: _____ Date: _____

Empathy Pilates respects your privacy.

The information collected on this form is strictly confidential and for the use of employees of Empathy Pilates only. We will not disclose any of this information to any third party, including allied health practitioners, without your express consent. Empathy Pilates also agrees not to sell or pass on this information to any company for marketing or promotional purposes.

Assessment

***This section to be completed by your Pilates Teacher
Alignment / Imbalances / Pain – Please indicate on the diagrams below.**



Pre-Cautions / Contraindications

General Observations

Objectives/Goals
