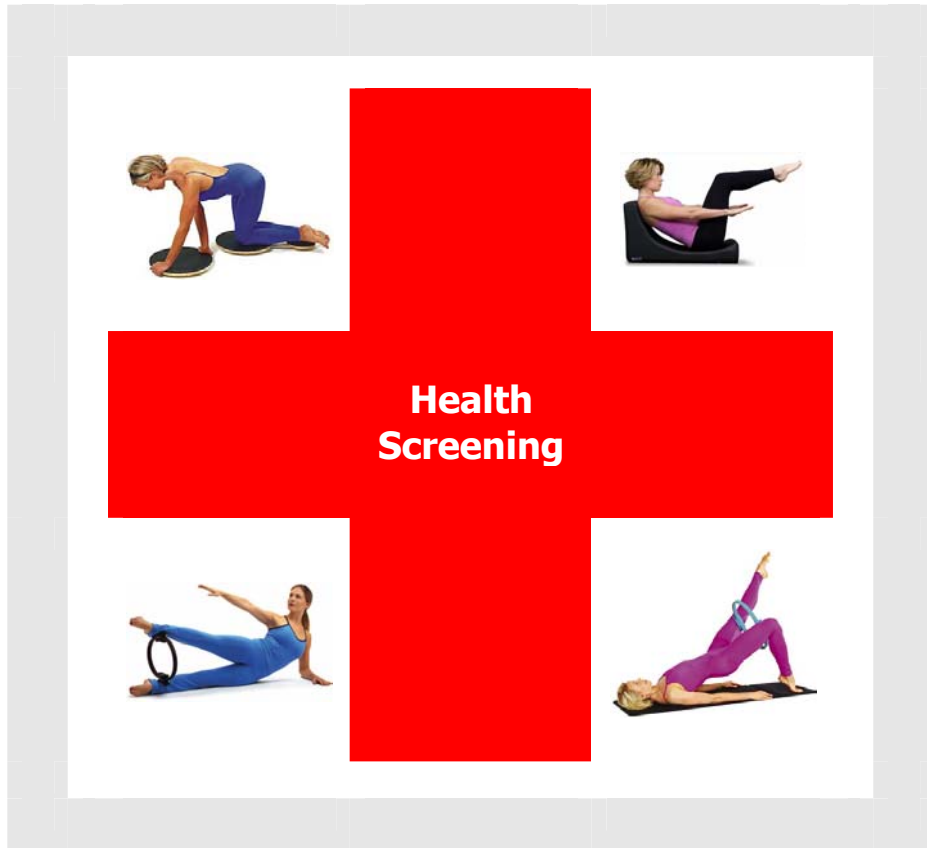


Pippa Wylde *Pilates*



Photographs Courtesy of Balanced Body Inc

HEALTH SCREENING QUESTIONNAIRE

Completion of this health screening form is mandatory for all Pippa Wylde Pilates clients and is a requirement of our Insurers. The information supplied will help us identify any significant issues that might impact upon your health whilst taking part in Pilates exercise. Some of the questions are personal and may be left blank if you so choose. This document is confidential and will be kept in your records and will not be released, unless with your prior consent or as may be required by law.

1 Does your work / sport / lifestyle involve? *Please tick as appropriate:*

Sitting for long periods	<input type="checkbox"/>	Driving	<input type="checkbox"/>
Bending	<input type="checkbox"/>	Standing	<input type="checkbox"/>
Lifting heavy weights	<input type="checkbox"/>	Any other repetitive action	<input type="checkbox"/>

2 Have you ever been diagnosed with a heart problem or heart defect Yes No

3 Have you ever been diagnosed with arthritis Yes No

4 Have you ever been diagnosed with bone or joint problems Yes No

5 Are you pregnant, or have you been pregnant within the last year Yes No

6 Have you undergone any operations within the last 3 years Yes No

7 Have you sustained any injuries within the last year Yes No

8 Do you suffer from backache Yes No

9 Do you have any problems with your blood pressure Yes No

10 Are there any body movements that cause you pain or discomfort Yes No

11 Have you been given any remedial exercises in the last 3 years Yes No

12 Are you currently being treated by a doctor or physiotherapist Yes No

13 Are you currently taking any form of medication Yes No

14 Do you suffer from any physical disabilities Yes No

15 Have you been referred to us by your doctor or specialist Yes No

16 If you have answered yes to any of the above questions, please supply full details in the box supplied below:

CLIENT STATEMENT

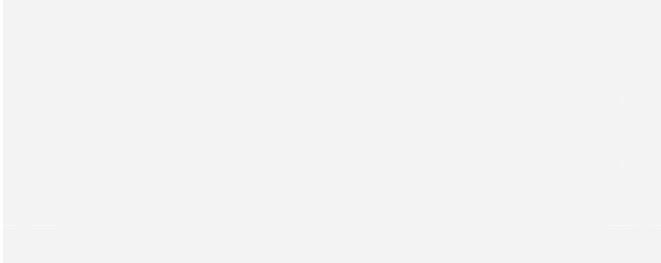
I hereby state that I have read, understood, and honestly answered this pre-exercise health-screening questionnaire. I further state that I am participating of my own free will and understand that, as with any form of exercise programme, there is a risk of injury. I understand that on rare occasions there may be a stand-in instructor.

I understand that it is my responsibility to inform Pippa Wylde Pilates of any illness, injury or medical or physical reason that may occur at any time and that may affect my health or wellbeing whilst undertaking Pilates exercise with Pippa Wylde Pilates.

Client Name (Print)

Client Signature

Date

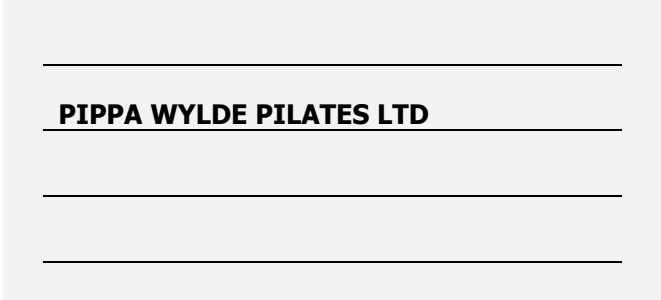


Instructor Name (Print)

Organisation

Instructor Signature

Date



PIPPA WYLDE PILATES LTD

