

MiiTime Pilates Health Assessment

Strictly Private & Confidential

Name: Address: PostCode: Tel No: Mobile Number: E-Mail: Emergency Contact: Tel No:	DOB: Occupation: How did you find MiiTime?
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What are your reasons for starting Pilates?	Do you have any limitations in reaching those goals?

	Health Background	Answer 'YES' / 'NO' with further details if 'YES'
1	Do you have high/low blood pressure?	
2	Have you ever suffered from any heart problems?	
3	Do you have any breathing problems?	
4	Do you feel any chest pain when you exercise?	
5	Do you suffer from asthma, diabetes or epilepsy?	
6	Have you ever had any major illnesses? Please give details	
7	Have you ever had any operations? Please give details	
8	Any back or neck pain? Diagnosis? How does it affect your every day life?	
9	Do you suffer from arthritis?	

10	Have you been diagnosed with osteoporosis?	
11	Any structural or joint issues? Does that leave you with restricted movement? Do any particular movements cause you pain?	
12	Are you hypermobile? (excessive joint mobility)	
13	Do you suffer from frequent headaches or migraine	
14	Do you suffer from dizziness or fainting episodes?	
15	Are you currently taking any medication? If so what?	
16	Are you pregnant? If so how many weeks?	
17	Do you have any medical/health conditions that might affect your ability to exercise not already mentioned, that we should be aware of? Please give as much detail as possible.	

Please note: If you answered 'YES' to any of questions 1-17 you are advised to seek medical approval before commencement of any exercise session.

I have been informed both verbally and in writing that if I have answered 'yes' to any of the questions above I should seek formal medical approval prior to commencement.

If I choose to continue participation without such advice I do so entirely at my own risk

I confirm that I have answered the questions above as honestly and accurately as I am able and that I am fit to undertake a physical exercise programme .

Please note that MiiTime cannot offer refunds on missed classes, but it may be possible to make up a session in another class in the same week (by prior arrangement & subject to availability)

Client Name:	Date:
Signature	
Instructor signature	