**MiiTime Pilates Health Assessment**

Strictly Private & Confidential

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| Name:Address:Post Code:Tel No:Mobile Number:E-Mail:Emergency Contact:Tel No: | DOB:Occupation:How did you find MiiTime? |
| **What are your reasons for starting Pilates?** | **Do you have any limitations in reaching those goals?** |
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|  | **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 everyday 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)I the undersigned know of no reason why I should not undertake this Pilates class. I do not suffer from any medical conditions that would prevent me from participating in such a class. Should my health/medical circumstances change I will inform the trainer prior to participating in the class. I am fully aware that MiiTime needs to store the above data & health information in order to offer a safe & effective service to me ‘the client’ and I am also aware the above information will be stored safely for 7 years after my last session for insurance purposes.

I am happy to join the MiiTime Community & to receive the latest information & offers Y N (please circle)

I am also aware I can email to withdraw consent at any time by email to jane.miitime@gmail.com Y/N (please circle)

For more information find MiiTime Privacy Policy at https://www.miitime.co.uk/miitime/privacy-policy/

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| Client Name: Date:Signature |