



Thank you for completing this questionnaire.
All information will be treated with the strictest confidence.

Name Address Phone

Email

Date of Birth

Do you have a heart condition that prevents physical activity?

Do you have **any** medical conditions that the instructor should be aware of?

Use other side for details if necessary

(Do you have necessary emergency medication with you? Insulin, Inhaler Epi pen ?)

Do you have high, low or normal blood pressure? (please circle)

Are you pregnant or have you had a baby in the last 6 months? If yes did you have a C section?

Do you suffer with **any** musculo-skeletal conditions ? (back problems, sore shoulder, dodgy knees, painful hips)

Are you able to kneel comfortably? Are you able to lie on the floor and rise with ease?

What are your reasons for coming to Pilates?

Have you done Pilates before? If yes, where, when and for how long?

What is your current fitness/exercise regime?

What type of work do you do?

I understand I carry out this exercise class at my own risk and will work within my own limits and strength constraints to protect myself from injury.

I am happy for Harriet Tubbs to store this information on file, securely. I understand I am able to ask for access to view this info at any time, free of charge and also am able to withdraw this consent at any time.

Sign..... Date.....