

## Health Screening Information / Informed Consent

Name	Sex M / F	Age
Address	Mobile number	
	Home number	
	Emergency Contact	

Have you been referred to Pilates by a Health Professional? Y / N	
If yes, referred by	If yes, referred for

Aims
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Current Fitness Routine		Current Leisure Activities	
Employment	<input type="checkbox"/> Inactive <input type="checkbox"/> Active <input type="checkbox"/> Mixed <input type="checkbox"/> Intensely Physical		
Lifestyle	<input type="checkbox"/> Inactive <input type="checkbox"/> Active <input type="checkbox"/> Mixed <input type="checkbox"/> Intensely Physical		
Current Injuries		Historic Injuries	
Is there any position you find difficult to attain and hold? eg 'all fours' (hands and knees) Y / N If yes, give details here			
Are you on any medication that could affect you during exercise? Y / N If yes, give details here			

I hereby state that I have read, understood and honestly answered the pre-exercise Health Screening Form. Any questions I had were answered to my full satisfaction. Whilst every effort is made to keep the class safe and enjoyable, I am participating of my own free will and as with any exercise programme I understand that there is a risk of injury. I also agree to the use of stand-in teachers if occasionally required. I understand that any car driven on the Palatine Industrial Estate and / or parked in the car park is done so solely at the risk of the owner.

Signed	Date
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