



## Health questionnaire

Please read the questions carefully and answer each one honestly  
All information will be treated in the strictest of confidence

---

Name

---

Date of birth

---

Phone number

---

Occupation

---

Email address

---

Emergency Contact details

---

---

---

Have you tried Pilates before? If so where and for how long?

---

---

---

---

Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

---

---

---

Do you feel pain in your chest when you do physical activity?

---

---

In the past month, have you had chest pain when you were not doing physical activity?

---

---

---

Do you lose your balance because of dizziness or do you ever lose consciousness or feel faint?

---

---

---

Do you suffer from any health conditions? If so please list and detail below:

---

---

---

---

---

---

---

Do you suffer from any pain when you exercise or have you had any back pain, neck pain or suffer from any other pains in your joints (shoulders/ knees/ hips/ elbows)?

---

---

---

Are you or have you seen an Osteopath/ Chiropractor/ Physiotherapist about this?

---

---

---

Do you have any of the following bone or joint problems that could be made worse by a change in your physical activity?

---

Arthritis

---

Osteoporosis

---

Osteopenia

---

Any other condition not mentioned above?

---

---

---

---

---

Have you been diagnosed as being Hypermobile?

---

---

---

If yes on what scale and have you been given permission to exercise by you Dr or Medical practitioner?

Are you pregnant?

---

Have you been pregnant in the last six months

---

If so, did you have the 6 week check and received the all clear to exercise?

---

---

---

Did you experience SPD/PGP or Diastasis Recti? If yes have you been treated?

---

---

---

Do you know of any other reason why you should not do physical activity?

---

---

---

---

---

---

If you are not feeling well because of a temporary illness such as cold or a fever – please wait until you feel better so as not to put the health of other clients or teachers at risk.

If you are or may be pregnant – talk to your doctor before you start becoming more active

If you have answered yes to any of the above then you are advised to speak with your Dr or Medical Practitioner before joining the Pilates class

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q:

By signing this form you agree to release Stacey Smith & RISE AND ALIGN PILATES, its owners and its teachers, all liability regarding  
1) any injury to self or child 2) any loss or damage to personal property.

I have read, understood and completed this questionnaire honestly and to the best of my knowledge.

All questions I had were answered to my full satisfaction.

If in doubt after completing this questionnaire consult your doctor or medical practitioner prior to physical activity.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date \_\_\_\_\_

[www.risealignpilates.com](http://www.risealignpilates.com) \_\_\_\_\_

\_\_\_\_\_  
Please return to Stacey at Rise and Align Pilates

Electronic copy via email to: [risealignpilates@icloud.com](mailto:risealignpilates@icloud.com)