

Pilates by Physiotherapy

Align your Body and Mind

Medical Questionnaire Form 2



Medical Questionnaire

name:

1) Are you currently experiencing OR ever been diagnosed with any of the following conditions?		
Back Pain If yes give details	yes	No
Pain at the front or back of your Pelvis If yes give details	yes	No
Any other muscle or joint conditions If yes give details	yes	No
Heart problems If yes give details	yes	No
High or low blood pressure If yes give details	yes	No
Circulatory problems e.g. blood clots If yes give details	yes	No
Diabetes If yes give details	yes	No
Abnormal vaginal bleeding If yes give details	yes	No
Pre-eclampsia If yes give details	yes	No
Incompetent cervix If yes give details	yes	No
History of spontaneous miscarriage If yes give details	yes	No
Anaemia If yes give details	yes	No
Epilepsy (Grand mal seizures) If yes give details	yes	No
Abnormal placental function or position If yes give details	yes	No

2) Is this your first pregnancy?

yes	No
-----	----

3) If no, how many other children do you have & what are their ages?

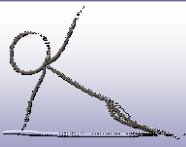
4) How many weeks pregnant are you?

5) Have you had any complications with your pregnancy? If yes give details

yes	No
-----	----

6) Have you ever had an episode of low back pain?

yes	No
-----	----



Pilates by Physiotherapy

Align your Body and Mind

Medical Questionnaire Form 2



7) If yes approx. how many **previous episodes** of low back pain have you had?

yes	No
-----	----

8) Have you had any recent injuries of surgery? Please give details

yes	No
-----	----

9) Are you having twins?

yes	No
-----	----

Pilates participation informed Consent

The Pilates program will begin at a low level and will be advanced in stages depending on your fitness level. We may stop the exercise session because of signs of fatigue or excessive strain. It is important for you to realise that you may stop when you wish because of feelings of fatigue or any other discomfort.

There exists the possibility of certain dangers when exercising. They include abnormal blood pressure, fainting, irregular, fast or slow heart rhythm, and in rare instances, heart attack, stroke or death. Whilst every care will be taken, it is impossible to predict the body's exact response to exercise. Every effort will be made to minimise these risks by evaluation of preliminary information relating to your health and fitness and by observations during exercising.

I understand that with certain conditions a degree of undressing may be required during the assessment, and that the Pilates teacher will explain this to me at the time. I understand that the Pilates program will be specifically designed as a personal training plan, and will take into account details given in my health questionnaire and assessment. Therefore, the program of exercises should only be undertaken when in a Pilates Class, or when I have given specific instructions to exercise on my own.

Please note a full fee may be applicable if less than 24hours notice is given for all cancellations.

This information is protected by the Data protection Act 1984

Signed _____ date _____