

Pre-Exercise Questionnaire for “Yummy Mummy Pilates”

The following information is required so that we can assess your health, fitness, goals and ability. This is so we can ensure the program is safe and accurate for you. This questionnaire is designed to establish a background of your medical history, and any injury/illness that needs to be considered prior to testing and participation in any exercise.

Please complete all sections of this form as accurately and with as much information as possible. All information provided is strictly confidential. If your health or medical conditions change, it is important to bring this to our attention to ensure we can make modifications to your program where required. Please be aware that while everything possible will be done to ensure your exercise class is safe and effective, you are choosing to exercise at your own risk.

CLIENT INFORMATION

First name:	Last name:
Mobile:	Home phone:
Date of birth:	
Address:	
Email address:	
Emergency Contact	Name: Phone:
GP's Details	Name: Practice name: Phone:
Occupation:	

EXPERIENCE, GOALS & LIFESTYLE

Have you exercised in the past/present?	
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<p>What exercise related activities are you currently involved in?</p>	
<p>Do you have any experience in Pilates?</p>	<p><input type="checkbox"/> Matwork <input type="checkbox"/> Reformer <input type="checkbox"/> Barre (Ballet/Pilates/Dance) <input type="checkbox"/> Core Yoga</p>
<p>Do you have any specific aims, objectives or expectations that you would like to meet?</p>	<p><input type="checkbox"/> Flexibility/Stretching <input type="checkbox"/> Muscle Toning <input type="checkbox"/> Core Stability <input type="checkbox"/> Posture <input type="checkbox"/> Improved Fitness <input type="checkbox"/> Improved Strength <input type="checkbox"/> Muscle Gain <input type="checkbox"/> Balance/Coordination <input type="checkbox"/> Stress Management <input type="checkbox"/> Relaxation <input type="checkbox"/> Weight Loss <input type="checkbox"/> Resolve Muscle Imbalance</p>
<p>Are there any areas of your body you would like to focus on?</p>	
<p>Do you smoke cigarettes? If yes, how many per day?</p>	
<p>Do you drink alcohol? If yes, how many glasses per week?</p>	
<p>How much of your day do you spend sitting?</p>	<p><input type="checkbox"/> Less than 1hr <input type="checkbox"/> 1-2 hours <input type="checkbox"/> 2-3 hours <input type="checkbox"/> 3-4 hours <input type="checkbox"/> 4-5 hours <input type="checkbox"/> 6+ hours</p>

MEDICAL DETAILS

In addition to this questionnaire all participants will require a medical clearance from Karina Caldwell, Woman’s Health Physio. Karina and KCH will be offering discounted screening appointments, held at KCH, prior to the Yummy Mummy Pilates program starting, however if you are already a patient of Karina or Wendy you may not require this clearance.

Please advise if you are a current or recent patient of Wendy Drew or Karina Caldwell, when you were last seen, and any other relevant information.

<p>Have you had, or do you have any of the following. If yes, please give details and current medication.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Heart Condition/Disease <input type="checkbox"/> Heart Surgery <input type="checkbox"/> Stroke <input type="checkbox"/> Dizziness/fainting/blackouts <input type="checkbox"/> Cancer <input type="checkbox"/> Respiratory condition/ Disease <input type="checkbox"/> Epilepsy <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Odema <input type="checkbox"/> High Cholesterol <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Low Blood Pressure <input type="checkbox"/> Thyroid Conditions <input type="checkbox"/> Allergies
<p>Do you have a direct relative who has had a stroke, heart attack or cardiovascular disease at less than 55 years of age?</p>	
<p>Do you ever have pains in your chest especially during physical activity?</p>	
<p>Have you experienced unreasonable breathlessness either at rest or with mild exertion?</p>	

Have you ever been told by a Doctor or Physical Therapist that you should not exercise?	
Have you previously or are you currently experiencing any of the following conditions?	<input type="checkbox"/> Lower Back Pain <input type="checkbox"/> Pelvic Pain <input type="checkbox"/> Sciatica <input type="checkbox"/> Spinal Conditions (e.g discs, scoliosis) <input type="checkbox"/> Musculoskeletal Injuries <input type="checkbox"/> Arthritis/Bone or Joint Problems <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Muscular Cramps
Have you had any recent injuries or surgery?	
Are there any movements that cause you pain?	
Do you have restricted movement in any joint?	
Are you currently undertaking any remedial therapy or under the care of a Doctor or Physical Therapist?	
Are you pregnant? If yes, how many weeks are you?	
Have you given birth within the past 6 months? If yes, Normal / C-Section	
Have you had any complications with your pregnancy? If yes, please give details	

If you discover, or suspect, you are pregnant it is imperative that you advise Wendy Drew before your next visit. (Pilates Matwork classes are not recommended past the 16 week mark)

Are there any other details you would like us to know? These can be health problems, exercise issues, or general concerns you may have that may influence your sessions, not already covered in this questionnaire.



DECLARATION / CONDITIONS/LIABILITY RELEASE

I _____ am about to participate voluntarily in a physical activity which includes, but not limited to Pilates, with Wendy Drew, XS Energy Pilates Studio at Karratha Community House. I acknowledge, appreciate, understand and agree to the following conditions;

1. That the information provided on this form is to the best of my knowledge, a true and accurate indication of my current state of health.
2. Any questions I had were answered to my full satisfaction.
3. If I experience any pain or discomfort during the class, I will immediately stop the exercise that I am currently doing and inform the instructor.
4. I will follow all instructions given to me by XS Energy Pilates Studio, Karratha Community House and their associated teachers as to how to perform and what not to perform on an exercise.
5. I agree to keep my instructor updated as to any changes in my medical profile and understand that there is no liability on the instructor's part or on Karratha Community House, should I fail to do so, also knowing that the Instructors are not liable for, nor are expected to provide a medical assessment or provide me with medical advice.
6. 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 program there is a risk of injury to myself, including serious disability or remote risk of death.
7. I voluntarily and knowingly recognise, accept and assume this risk. I acknowledge that either I have had a physical examination and have been given my physician's permission to participate or I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment.
8. In the event that I become injured either directly or indirectly as a result, in whole or in part of the aforesaid class, workshop or event, I forever release from liability, hereby hold harmless and indemnify the Owner/Instructor Wendy Drew, XS Energy Pilates Studio, Karratha Community House and associated teachers and their agents, against all actions, suits, proceedings, claims, costs, expenses and liability under any statute whatsoever that I or my representatives may take or make against XS Energy Pilates Studio, Karratha Community House and agents, for any injury, illness or other mishap I sustain participating in classes, workshops, or events.
9. The Fee paid by me for participation in this Yummy Mummy Pilates program is non-refundable.
10. XS Energy Pilates Studio and Karratha Community House reserves the right to cancel or reschedule this program, in which case the payment for that said class can be refunded on request.
11. I agree the full program fee must be payable before the commencement of the program and that if required I will provide a clearance from Karina Caldwell, Women's Health Physio, or other clearance as agreed between XS Energy Pilates Studio and Karratha Community House
12. I have read the above pre-exercise questionnaire and liability release and fully understand its contents. I am of physical ability to participate and am legally competent to understand and complete this agreement. I agree and acknowledge this waiver of liability and I hereby execute this agreement without coercion.

Client Name: _____

Signature: _____



Date: _____

Witness Name: _____

Signature: _____

Date: _____

Parent / Guardian (if applicable) I represent that I am the parent or legal guardian of _____ and as parent/legal guardian of the above participant, execute this agreement on their behalf and give permission for the said participant as stated above, to participate in this group Pilates and/or Barre class. I also acknowledge that I have checked the answers provided to all questions in this pre-exercise health questionnaire and verify that they are correct to the best of my knowledge.

Signature: _____

Date: _____