



# pilates

## health questionnaire + consent form

Download this form to your computer, complete your details and email to [connie@askconnie.com.au](mailto:connie@askconnie.com.au)

First Name  Last Name

Email Address  Home Phone

Mobile

GP Name and Address

Have you done Pilates before?  Yes  No

### How did you hear about us?

Friend / Associate  Facebook  Instagram  Website  Google Search

### Why have you decided to commence Pilates?

### What aspect of your health would you like to focus on?

Core Stability  Flexibility  Posture  Toning  Strength  Stress management  
 Relaxation  Lifestyle

What is your occupation?

Does your occupation involve repetitive movements or prolonged postures?

What other sports and hobbies are you involved in?

### Are you currently experiencing any of the following conditions?

Lower back pain  Pelvic pain  Any other spinal condition  Any orthopedic conditions  
 Heart conditions  High or low blood pressure  Epilepsy  
 Continence concerns

If yes to any of the above, please provide details

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Have you had any recent injuries or surgery?  Yes  No

(If yes, please provide details)

Tick any of the following conditions that you have been diagnosed with or have been treated for:

- Asthma/Bronchitis  Arthritis  Depression  Cancer  Dermatitis/Skin Allergies  
 Degenerative Joints  Diabetes  Cardiac Arrhythmia  Lymphedema  Migraine  
 Vertigo  Neurological Condition

(Other, please provide details)

Are you pregnant?  Yes  No If yes, how many weeks?

Regrettably askConnie is unable to offer one on one mat Pilates instruction if you are currently pregnant.

#### Private and Confidential

I declare that I have read the Medical Questionnaire and have completed it to the best of my knowledge. I understand that the Pilates program will begin at a low level and will be advanced in stages depending on my fitness level. I understand and agree that the instructor or I can stop at any time if I am experiencing any symptoms of fatigue or discomfort or at risk of injury. I understand that there is a risk associated with undertaking any exercise program. I understand (a) whilst every care will be taken it is impossible to predict the body's exact response to exercise and (b) every effort will be made to minimise these risks by evaluation of preliminary information relating to the questionnaire and by observation fitness and technique during exercise. For one on one sessions: I understand that the Pilates program will be specifically designed as a personal training plan and will take into account details about me given in my questionnaire and initial assessment. I understand that this program of exercise should only be undertaken when I have been given specific instructions to exercise on my own. For class sessions: I understand that the Pilates program is designed for a general group and not specifically designed as a personal pilates plan. Therefore I understand that the program of exercises should only be undertaken in a supervised Pilates class. Further I understand and agree that if I perform any of the exercises outside of the class then I do so at my own risk. I agree that Cornelia Judith McKee shall not be liable for injuries in respect of 1) Pilates exercises I perform outside of a supervised private Pilates session. 2) Pilates exercises performed other than in accordance with the direction and instructions of Cornelia Judith McKee. 3) Undertaking Pilates exercises while suffering from an injury or ailment of which I have not informed Cornelia Judith McKee. 4. Mishap or injury inflicted by other participants of the Pilates group. 5) Any injury sustained while on the premises resulting from personal inattentiveness.

Signed

Date

Complete your details and email to [connie@askconnie.com.au](mailto:connie@askconnie.com.au)

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