

Kings Langley Physiotherapy Clinic

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Pilates Therapy Health Questionnaire

Please complete the questions below, depending on your answers, you may require a ½ hr assessment before commencing classes to ensure this is an appropriate, suitable & safe regime for your body.

You may not be allowed to start these classes unless this form has been returned.

Name :..... DOB..... Male / female

Address :..... Tel :.....

..... Email :.....

Are you **currently** / or have you ever had problems with any of the following :

	Yes/No	If Yes, give brief details (or use the back of the paper)
Low back pain ? now or prev ?		
Neck or any spine area ?		
Any joint troubles / arthritis ?		
Heart or blood pressure, DVT ?		
Epilepsy (seizures) ?		
Diabetes or asthma ?		
Are you pregnant ?		How many weeks ?
Any dizzy spells ?		
Balance issues or falls ?		
Difficulty getting up off floor ?		
Do you need help ?		
Any other medical issues ?		
What Medication do you take ?		
Is there something you would LIKE to be able to do that you can't at the moment ?		

The Pilates Therapy exercise classes are **not** a substitute for professional medical treatment and should not be used by people suffering with any serious problems without first consulting a G.P and / or a qualified physiotherapist. The class instructor accepts no responsibility for any bodily injury or harm that may arise during or following attendance at a Pilates Therapy class.

Itake full responsibility for any actions taken during the course of modified pilates exercise classes and hold no accountability to KLPC or the instructor for these actions.

Signed :

Date :