|  |  |
| --- | --- |
| Name:  Address:  Email:  Telephone:  Next of kin  Name  Contact number: | Date of Birth:  Your Height  Your Weight  Date: |

Date:

1. Do you have any injuries, aches or pains? (Recent or Old) Please describe them:

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1. Do you have any other health concerns? E.g. asthma, diabetes, high blood pressure, or any condition for which you take medications

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1. Are you presently doing any other kinds of therapy? E.g. massage, physio, chiropractic

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1. Are you or were you involved in any sport or exercise programme, physical activity?

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1. Have you had any past training in the Pilates or yoga method of movement?

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1. What is your occupation?

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1. Do you have any pelvic health issues?

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1. Do you suffer from osteo/rheumatoid arthritis? If so which joints are affected?

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1. Do you have any problems with your bones? (Osteoporosis or height loss)

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1. Have you any back problems?

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1. Can you get down to the floor unaided?

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1. Is there any other information you feel the instructor would benefit from knowing?

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14. Are you taking any medication? If so, please list the health conditions for which the medication is prescribed.

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Please list:

Health Conditions. Medications.

1.  
2.  
3.  
4.  
5.