Welcome to

The Pilates Barn

**Health Screen**

This form cannot be edited and must be filled in by hand.

Date: ………………………………………………………………….

Name: ………………………………………………………………...

Address: ………………………………………………………………………………………………………………………………………………........

Occupation: ……………………………………………………………

Tel (home): ……………………………………………………………

Tel (mobile): …………………………………………………………..

Tel (work): …………………………………………………………….

Email:………………………………………………………………….

Emergency Contact:……………………………………………………

Do you have any heart or circulatory conditions?

…………………………………………………………………………

Is there a history of cardio-vascular disease in the family?

…………………………………………………………………………

Do you suffer from any of the following?

* Asthma Yes/No
* Diabetes Yes/No
* Epilepsy Yes/No
* High Blood Pressure Yes/No

Do you suffer from any of the following bone or joint problems?

* Arthritis Yes/No
* Back Pain Yes/No
* Head/Neck Injury Yes /No

If yes to any of these please provide details and/or details of any other relevant information.

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Are you taking any prescribed medication? If yes, please explain what for.

……………………………………………………………………………………………………………………………………………………………………………………………………………….

Are you having any other therapy? i.e. chiropractic, physio?

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Have you any prior experience of Pilates?

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What are your aims?

……………………………………………………………………………………………………………………………………………………………………………………………………………….

**PLEASE READ CAREFULLY**

All our instructors are qualified Stott Pilates Instructors and we teach the Stott Pilates method of Pilates (<www.stottpilates.com>). We use the Sott Pilates Reformer Machines, the Stott Cadillac and small pieces of equipment during the classes.

Pilates as with all exercise can be physically demanding and does require an element of balance, particularly on the reformers. Whilst everyone is taught to a high standard by our qualified instructors, participants must be aware of the potential for injury and therefore must accept responsibility for their own actions and do not attempt any exercise that they do not feel ready and comfortable to do competently.

I have read and understand the above information and therefore participate entirely at my own risk. If I am pregnant I am happy to participate at mine and my babies own risk and will take all necessary precautions and modifications given.

I hereby certify that the medical information is true and correct and understand that it is my responsibility to inform my Instructor should circumstances change.

Signed………………………………………………………Date…………………………………..