

♥ Pilates ♥ Pilates ♥ Pilates ♥

fit for life for you

Physical Activity Readiness Questionnaire

Please complete the following form. If you are over 69 years of age and you are not used to being very active, please check with you doctor. Also, if you have any health conditions that may be affected by partaking in this exercise session please check with your doctor first. (In some cases a letter from you doctor/medical professional confirming it is safe for you to exercise may be required).

THE INFORMATION DISCLOSED ON THIS FORM WILL BE TREATED CONFIDENTIALLY

1	Has your doctor said that you have a heart condition and that you should only do physical activity recommended by a doctor?	Yes	No
2	Do you ever feel pain in your chest when you do physical activity?	Yes	No
3	Have you ever had chest pain when you are not doing physical activity?	Yes	No
4	Do you ever feel faint or have spells of dizziness?	Yes	No
5	Do you have any joint problems? Artificial joints?	Yes	No
6	Do you have any muscular skeletal problems (back, joint, muscles etc) that the instructor should be made aware of? If so what? _____	Yes	No
7	Have you ever been told that you have high or low blood pressure?	Yes	No
8	Are you currently taking any medication of which the instructor should be aware? If so what? _____	Yes	No
9	Are you pregnant or have you had a baby in the last 6 months?	Yes	No
10	Is there any other reason why you should not participate in physical activity? If so what? _____	Yes	No
11	Are there any health issues that your instructor should be made aware of prior to commencement of the class? If so what? _____	Yes	No

IF YOU HAVE ANSWERED YES TO ONE OR MORE QUESTIONS

Please talk to your doctor by phone or in person before you start becoming more physically active and before you attend this session. Tell your doctor about the questionnaire and which questions you answered 'YES' to.

You may be able to do any activity you want – as long as you build up slowly and gradually. Or you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activity you wish to participate in and follow his/her advice.

IF YOU HAVE ANSWERED NO TO ALL QUESTIONS

You can be reasonably sure that you can start to become more physically active and take part on a suitable exercise programme. Remember to begin slowly and build up gradually.

PLEASE NOTE

If your health changes so that subsequently you answer 'YES' to any of the questions, inform your fitness or health professional immediately. If you feel unwell because of a temporary illness such as cold or flu – delay becoming more active until you feel better – listen to your body.

WHAT ARE YOUR MOTIVES FOR EXERCISING?

Where did you hear about the classes? _____

I HAVE READ, UNDERSTOOD AND COMPLETED THIS QUESTIONNAIRE

Name: _____ Signature: _____

Address: _____ Phone no: _____

_____ Mobile no: _____

_____ Postcode: _____

Date of birth: _____

Email address: _____

In case of emergency please contact: (name and phone no)

Data Protection: [] By ticking this box you give permission for me to hold your personal detail for the sole purpose of communicating with you in relation to Pilates.

THANK YOU FOR COMPLETING THIS CONFIDENTIAL QUESTIONNAIRE

Contact – Gill Keitch

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