

Welcome to Pilates with Anne-Marie

Physical Activity Readiness Questionnaire

PLEASE WRITE CLEARLY

Name: _____

Address: _____

Home phone: _____ Mobile: _____

Email _____

Emergency contact name and number _____

Please note that with new regulations, classes are restricted to 10 and therefore must be booked in advance. Clients are asked to bring their own mat and equipment and disinfect it after each session. Please wash or sanitise your hands on arrival and at the end of the session. Please maintain social distancing throughout classes.

Covid-19 Health Check- In order to protect you, other clients, our staff and myself, please declare if you have any of the following symptoms and go through the check list each week before attending a class.

Dry cough or fever?	yes	no	Shortness of Breath?	yes	no
Headache?	yes	no	Diarrhoea?	yes	no
Loss of taste/smell?	yes	no	Fatigue?	yes	no

Any other usual changes that you have noticed?

Have you been in direct contact with a person who has been diagnosed as having the Covid-19 Virus or has presenting symptoms of Covid-19 in the last two weeks?
Yes no

If you respond **yes** to any of the above questions, we recommend that you are tested and request that you rebook your appointment for 2 weeks time.

Should you show signs of Covid-19 after leaving the practice, please call our reception staff immediately as anyone that has been in contact you will need to be notified and self-isolate for 2 weeks.

The following is a health screening questionnaire and it is mandatory to complete this form before starting Pilates with Anne-Marie Davis.

This document is confidential and will only be released with your authorisation. The questionnaire is designed to help identify if there are any reasons why you should not part take in Pilates and also to help me to design the best programme for you.

1. Have you been told that you have a heart condition or that you should only do physical activity recommended by your doctor? Yes No

2. Do you ever feel pain in your chest when you exercise? Yes No

3. Do you ever have pain in your chest when you are not doing exercise? Yes No

4. Do you ever feel faint or have dizzy spells? Yes No

5. Do you have a joint problem that could be made worse by exercise? Yes No

Please give details _____

6. Do you have high blood pressure? Yes No

7. Are you currently taking any medications? If yes, please detail them below Yes No

8. Are you pregnant or have you had a baby in the last 6 months? Yes No

9. Are there any other problems that you have which may affect your ability to participate in physical activity?

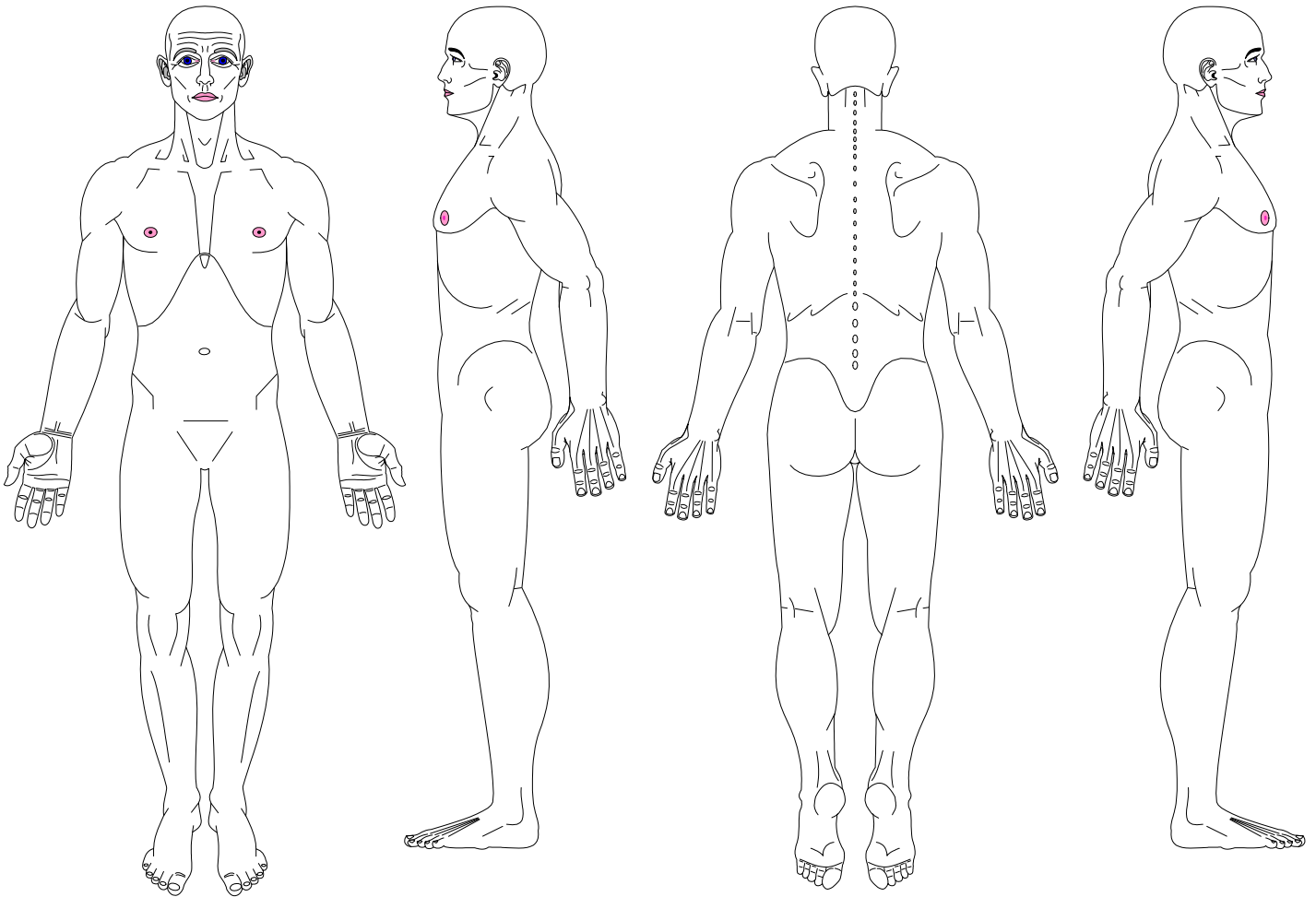
10. Have you had any surgery and when? _____

11. Do you have any medical conditions that you are receiving treatment for at the moment? _____

12. Have you been on any medication long term?

Please give details _____

Please Highlight on the pictures below any areas of pain or tension, and circle any artificial joints.



Remember to build up slowly and gradually and at your pace.

Please let me know of any changes to your health or contact numbers.

I HAVE READ AND UNDERSTOOD THIS QUESTIONNAIRE

Signed _____ Date _____

Please Print Name _____