

# Pilates Assessment Form

First Name	Last Name
Address	
	Post Code
Date of Birth	Occupation
Tel No.	Mobile No.
Sports, Hobbies	
Email Address <b>(PLEASE PRINT)</b>	

Does your work/sport involve any of the following? (please tick)

Sitting for long periods	<input type="checkbox"/>	Driving	<input type="checkbox"/>
Bending	<input type="checkbox"/>	Standing	<input type="checkbox"/>
Lifting heavy weights	<input type="checkbox"/>	Any other repetitive action	<input type="checkbox"/>

1. Has your doctor ever said that you have any sort of heart trouble or defect? Yes  No
2. Have you ever been told that you have arthritic joints or any bone or joint problem that may be made worse by exercise? Yes  No
3. Have you had any operations or injuries in the last year? Yes  No
4. Is there any other good reason not yet mentioned that should stop you performing physical exercise? Yes  No

If you have answered 'yes' to any of the above please give relevant details in confidence.



New Direction Pilates

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

If so please give details.

6. Do you suffer from backache? (please tick) If so, do you know why? Yes  No

7. Is your blood pressure (please tick) High  Low  Normal

8. Have you ever been given any remedial exercises? If so, can you briefly describe them?

9. Are there any movements that cause you pain? (e.g. raising your arms, bending forward or to the side)

10. Do you suffer from (please tick) Epilepsy  Asthma  Diabetes

11. Have you been referred by a specialist practitioner? If yes, please state their name and contact number. Yes  No

**The teacher can accept no liability for personal injury related to participation in a session if:-**

- **your doctor has, on health grounds, advised you against such exercise**
- **you fail to observe instructions on safety or technique**
- **such injury is caused by the negligence of another participant in the class**

**Always consult your doctor if you are in any way concerned with your ability to perform Pilates exercises.**

Signed ..... Date .....