

BODY AWAKENINGS

Yoga - Pilates - Yogalates™

Confidential Client Information Form – Pre-exercise Questionnaire

Name:		DOB:	(optional)
Phone: home)	work)	mob)	
Email:			
Address:			
Occupation (list any physical duties):			
Previous Yoga/Pilates Experience?			
Other sports/exercises involved in:			
Reason for attending:			

Please tick if you have any of the following conditions:

<input type="checkbox"/> High Blood Pressure*	<input type="checkbox"/> Low Blood Pressure
<input type="checkbox"/> Heart Condition*	<input type="checkbox"/> Respiratory disorders (eg asthma)*
<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Eye problems*
<input type="checkbox"/> Pregnancy*	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Arthritis*	<input type="checkbox"/> Chronic Fatigue
<input type="checkbox"/> Hernia	<input type="checkbox"/> Scoliosis
<input type="checkbox"/> Ankylosing Spondylosis / Spondelolythesis*	<input type="checkbox"/> Depression
<input type="checkbox"/> Recent Surgery/Illness*	<input type="checkbox"/> Currently on prescribed medication*

*Please include any further details on the above. Please list any other medical conditions which might interfere with your ability to exercise.

Do you have any problems with your neck, spine, wrists, knees, or any other joints or muscle conditions? Any recent broken bones or surgery?

How did you find out about these classes:

Would you like to be included on emailing list for future classes/workshops/newsletters? Yes / No

I declare that I have stated all medical conditions that I am aware of and will update the teacher of any changes that should occur. I take full responsibility for attending this session and will not exceed my limits in the practice of yoga/Pilates. I understand that Teachers do not diagnose illnesses and disease and that it is recommended that I see a primary healthcare provider for that service.

CLIENTS SIGNATURE _____ DATE _____