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# **Health Questionnaire**

*Danielle Julienne Pilates*, 49a High Street, Huntingdon, PE293AQ

07784563005– [www.daniellejulienne.co.uk](http://www.daniellejulienne.co.uk) – Email: info@daniellejulienne.co.uk

### Mr/Mrs/Miss/Dr

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***\_\_\_\_*** Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male / Female

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Details (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Please answer the following questions:** |  |
| Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?  | Yes /No |
| 2 Do you feel pain in your chest when you perform physical activity? | Yes /No |
| 3 In the past month, have you had chest pain when you were not performing any physical activity? | Yes /No |
| 4 Do you lose your balance because of dizziness or do you ever lose consciousness? | Yes /No |
| 5 Do you have a bone or joint problem that could be made worse by a change in your physical activity?  | Yes /No |
| 6 Is your doctor currently prescribing any medication for your blood pressure or for a heart condition? | Yes /No |
| 7 Do you know of any other reason why you should not engage in physical activity? | Yes /No |

If you have answered “YES” to one or more of the above questions, you will need to consult your doctor BEFORE taking part in physical activity to ensure that it is safe for you.

*A little more information…*

Is your blood pressure: High 🞐 Low 🞐 Normal 🞐

Do you suffer from any of the following:

######

|  |  |
| --- | --- |
| Diabetes | Yes /No |
| Epilepsy  | Yes /No |
| Asthma | Yes /No |
| Neurological or Circulatory Problems | Yes /No |
| Visual or hearing problems | Yes /No |
| Osteoporosis | Yes /No |

If you have ticked any of the above please give details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been diagnosed with any arthritic joints or any joint, bone or soft tissue injury/condition which may be affected by physical exercise*?* Yes/No

Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had any joint replacements? If so, please give details*:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Do you suffer from back/ neck ache*?* Yes/No

If yes, please state which part of your neck/back and the cause (if known):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you seeing a Practitioner or Specialist*?* Yes/No

Name & Tel No:

Are there any movements that cause you pain? Yes/No

 Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had any injuries, operations in your life*?* Yes/No

Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*And lastly…*

Are you currently pregnant or have you been in the last Year? Yes/No

*Please note our classes are not suitable during pregnancy unless previously discussed and agreed.*

If postnatal when was your baby born?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were there any complications?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had any children? Yes/No

What do you wish to gain from your Pilates/Yoga sessions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please advise us before commencing a session if for any reason your ability to exercise has changed or there has been a change in your responses of the above questions. It is inadvisable to do Pilates/Yoga between 6 to 14 weeks of pregnancy, unless by special arrangement with the Instructor. It is also wise to wait six weeks after the birth before resuming exercise. As with all forms of exercise, it is recommended that you consult your Doctor before starting classes. The Instructor can accept no liability for personal injury related to participation in a class 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.

Please note that Danielle Julienne cannot accept liability for any personal injury caused in or around the studio. In addition please note that we may use hands on corrections please let us know in advance of the session if you do not wish to have hands on adjustments.

* I have read and fully understand the above questionnaire and statements
* I have read and am in agreement with the terms and conditions of Danielle Julienne (On the website)
* I know that I can ask for clarification if I am unsure of any exercise and that I may stop exercising at any point in the class.
* I can confirm that the answers given above are to my knowledge correct and should any circumstances occur that will render any information incorrect I will notify you immediately.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_