

## restörr Health Pilates Screening Questionnaire

Please Ensure that you complete all of the following information

### Client Details

Title: \_\_\_\_\_ Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

Contact no: \_\_\_\_\_ GP name / address: \_\_\_\_\_

Emergency: \_\_\_\_\_

Please state how you heard about us: \_\_\_\_\_

### Health Questionnaire

*Please read all of the questions carefully and answer each one as honestly as you can*

1. Are you currently taking any medication that may affect you during your Pilates session? If yes, please give further details;

\_\_\_\_\_

\_\_\_\_\_

2. Have you been recommended to Pilates by a health care professional, e.g physiotherapist? If yes, please give details and contact info;

\_\_\_\_\_

\_\_\_\_\_

3. Are you currently pregnant or have you been pregnant within the past 6 months? If yes, please give further details;

\_\_\_\_\_

\_\_\_\_\_

4. Have you had any recent injuries or surgery that your clinical Pilates teacher needs to be aware of? If yes, please give details;

\_\_\_\_\_

\_\_\_\_\_

5. Have you ever had lower back pain where you have seen a medical professional for advice or treatment? If yes, please give details;

\_\_\_\_\_

\_\_\_\_\_

6. Please tick any of the following conditions that you have been diagnosed with or treated for, and give further details below;

Asthma	Rheumatoid arthritis	Stroke	Epilepsy or seizures	Osteoporosis	Diabetes
Cancer	COPD or breathing difficulties	Heart condition	Blood pressure (high/low)	Pacemaker	Long term steroid use

\_\_\_\_\_

\_\_\_\_\_

7. Are there any other medical conditions that your Pilates teacher needs to be aware of?

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### 8. COVID-19 Screening Questions

Have you been diagnosed with Covid-19? Yes  No

If yes, please inform of date of diagnosis and details of quarantine taken

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Have you, or anyone you lived with shown signs of Covid-19 in the last 14 days? Yes  No

I have read and completed the questionnaire. The answers I have given are accurate to the best of my knowledge. I understand that it is my responsibility to disclose to the therapist of a change to my health and inform my teacher if I feel any new or unusual symptoms during my Pilates session/class.

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

