

# Pilates UP!

## Medical Questionnaire Form

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### PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

If you are planning to take part in physical activity or an exercise class and you are new to the exercise, start by answering the questions below and make sure you include your name and contact details.

By completing the questionnaire you will be providing information to your teacher that may affect the exercises in the class.

You may be asked to check with your doctor before you start.

All information provided will be treated in the strictest confidence

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### YOUR DETAILS

NAME

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EMAIL

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MOB NUMBER

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D.O.B.

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OCCUPATION

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### QUESTIONS

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? ☐ Yes / ☐ No
2. Do you ever feel pain in your chest when you do physical activity? ☐ Yes / ☐ No
3. Have you ever had chest pain when you were NOT doing physical activity? ☐ Yes / ☐ No
4. Do you ever feel faint or have spells of dizziness? ☐ Yes / ☐ No

## QUESTIONS CONTINUED

5. Do you have a joint problem that could be made worse by exercise?

Please elaborate

6. Have you ever been told that you have high blood pressure?

7. Are you currently taking any medication of which your teacher should be made aware?

Please elaborate

8. Do you have Osteoporosis or Osteopenia?

If so, do you know your T- Score?

9. Do you currently suffer with any other health conditions, aches or pains which have not already been mentioned?

Please elaborate