



Name	Date of birth
Address	Email
	Emergency contact tel
Tel/mobile	Occupation

Surgery within the past 5 years

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Current condition & medication

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Shoulder, elbow, wrist, spine, hip,  
knee problems – please detail

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Asthma or other breathing related difficulties?  
Do you carry medication?

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Heart disease, high or low blood pressure.  
Do you carry medication?

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Osteoporosis and grade if known

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Pregnancy: current or previous & any  
relevant associated conditions

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Have you practiced Pilates before? What outcomes  
would you like to see from practicing pilates?

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Do you regularly exercise? In what way & at  
what intensity?

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I have given all relevant information and confirm I will take responsibility for myself and will stop exercising in class if I need to. I will inform my teacher if my medical condition changes. I accept that manual cueing to help with alignment is part of the Pilates system & will inform my teacher if I prefer not to be touched.

Signature ..... Date .....