Barre Concept

PRE- EXERCISE ASSESSMENT QUESTIONNAIRE

Title .....
First name .....
Last name .....
Address .....
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Post code .....
Home tel .....
Work tel .....

Mobile .....
E-mail .....
Date of birth .....
Occupation .....
How did you find out about us? .....
.....
Emergency contact person .....
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.....

MEDICAL HEALTH CHECK

YES	NO	Do you suffer from or have you been diagnosed with any of the following
☐	☐	Cardiac/heart problems? If yes, have you had a stress test?
☐	☐	High blood pressure? If so, are you on medication?
☐	☐	Diabetes? Do you take medication for your diabetes?
☐	☐	Asthma or breathing problems? If so, do you have an inhaler?
☐	☐	Epilepsy? If yes have your seizures been stabilised by medication?
☐	☐	Arthritis or osteoporosis?
☐	☐	Have you been diagnosed with any form of cancer?
☐	☐	Digestive complaints? (Acid reflux, ulcers, colitis)

YES	NO	
☐	☐	Longstanding condition – Parkinson's, MS, ME?
☐	☐	Do you have any joint replacements?
☐	☐	Are you injured? If so please give details. Have you been cleared by your doctor to exercise?
☐	☐	Are you or could you be pregnant now? (Give due date) (Any additional pregnancy information?)
☐	☐	Have you been involved in any major accidents within the last 10 years?
☐	☐	Have you received any major surgery?
☐	☐	Have you had any minor surgery within the last 2 years?
☐	☐	Have you had any bone or stress fracture? (If so, do you have any metal pins, plates or screws?)
☐	☐	Do you have any lower body problems? (leg, hip, knee, ankle, foot)
☐	☐	Do you have any upper body problems? (arm, shoulder, elbow, wrist)
☐	☐	Have you had any other muscle/ligament/tendon injuries?
☐	☐	Have you had any neck problems? (e.g. whiplash)? Give details
☐	☐	Have you had any back problems? Give details and number of episodes.
☐	☐	Have you been diagnosed as hyper mobile (excessive joint flexibility)?

Is there any other condition or disability not covered above that your exercise instructor should be aware of? If so, please give details

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Have you done Pilates, Barre or yoga before? Please list previous exercise experience

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* NOTE YOUR INFORMATION WILL REMAIN STRICTLY CONFIDENTIAL*

Terms and Conditions

The exercise programme we devise for you is based upon our sound teaching practise and the information you have provided above. You must therefore inform us of any change in your medical condition as soon as you become aware of it. If you experience any pain or dizziness during an exercise class you should stop what you are doing and consult your doctor. If you injure yourself in any way during an exercise class you should inform your **Instructor** or one of the administration staff at the time. We accept no liability whatsoever for any injury or death unless the same is caused directly by negligence of one of our instructors. I declare that I have completed this questionnaire truthfully, comprehensively and to the best of my ability. I accept and agree to these terms:

Signed ..... Date .....