**SpineSafe Pilates Health Screening PAR-Q & Informed Consent**

Medical Questionnaire – CONFIDENTIAL

If you are over 69 and not used to activity, we suggest you consult your doctor before starting your session.

|  |  |
| --- | --- |
| Title & First Name | Surname  |
| Date of Birth | Contact Number(s) |
| Address |
| Postcode | Email |
| Emergency Contact Name(s) |
| Emergency Contact Number(s) |

Please tick all of the following that apply and give details below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Condition** | **✓** | **Condition** | **✓** | **Condition** | **✓** |
| Arthritis or rheumatism |  | Major illness or operation |  | High blood pressure |  |
| Depression (or history of) |  | Allergies |  | Pregnancy/Given birth within 3m |  |
| Diabetes |  | Current medication |  | Detached retina |  |
| Epilepsy |  | Frequent nose bleeds |  | ME/Chronic Fatigue |  |
| Heart condition |  | Asthma / COPD |  | Migraine/Headaches |  |
| Injuries |  | Circulatory problems |  | Skin condition/allergy e.g. latex |  |
| Mernieres Disease |  | Anxiety / Panic attacks |  | Varicose veins |  |

Further details of anything ticked above and anything else you think we should know including approximate date(s) and diagnosis (use reverse if you need more room to write):

**Please read the questions carefully and answer them to the best of your knowledge.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1.  | Has your doctor ever said that you have a heart condition or any other medical condition and advised you against exercise?  | Yes  | No  |
| 2.  | Do you feel pain in your chest when you do physical activity?  | Yes  | No  |
| 3.  | In the past month, have you had chest pain when you were not doing physical activity?  | Yes  | No  |
| 4.  | Do you lose your balance because of dizziness or do you ever lose consciousness?  | Yes  | No  |

**If you have answered yes to one of the above questions we suggest you talk to your doctor by phone or in person. Tell your doctor about the PAR-Q and to which questions you answered yes.**

|  |  |  |  |
| --- | --- | --- | --- |
| 5.  | Have you any illnesses/ disabilities/ conditions that may affect you during these sessions? Such as osteoporosis or hip replacement etc.  | Yes  | No  |
| 6.  | Are you pregnant or recently have had a baby?  | Yes  | No  |
| 7.  | Do you have any injuries, joint problems or back issues? Please give details if answered yes.  | Yes  | No  |
| 8.  | If you have back pain have you seen a health care professional such as your GP or a physiotherapist etc.?  | Yes  | No  |
| 9.  | Have you been given a diagnosis? If Yes, please give details.  | Yes  | No  |
| 10.  | Have you received any exercises from your health care professional? If yes, please state below:  | Yes  | No  |
| 11.  | Are there any specific movements or position that worsens your symptoms? If yes, please state below:  | Yes  | No  |
| 12.  | Are there any specific movement patterns or positions that relieve your symptoms? If yes, please state details:  | Yes  | No  |
| 13.  | Do you have any issues with stress incontinence? Discuss with tutor. | Yes  | No  |
| 14.  | Do you have a vaginal or rectal prolapse? Discuss with tutor. | Yes  | No  |
| 15.  | Do you wish to work on pelvic floor or have any other issues you wish to discuss? Discuss with tutor. | Yes  | No  |
| 16.  | Please note any problems you feel may affect your participation in this class, for example, can you get up and down from the floor, and can you kneel?  | Yes  | No  |
| 17.  | Have you been recommended by a physiotherapist or health professional? Please give details if answered yes. | Yes  | No  |

Further medical information and medications:

What would you like to achieve?

Current fitness level:

**Important information:**

Pilates and yoga allows you to work at your own level to improve your flexibility, strength and general health. It is not competitive, and exercises/postures can be adapted with props to assist extension and increase mobility. Whilst every effort is made to keep the session both safe and effective there is a risk of injury with any programme of activity. To reduce the risk of injury, never force or strain yourself during exercises/poses. Menstruating women should not do inverted yoga poses, strong backbends or reverse standing poses. Pregnant women should ask for specific advice and disclose any issues experienced. Those with special health considerations should consult their medical professional before performing any exercise.

Please inform your instructor and change your PAR-Q, if you have any changes in your health or injury.

The teacher is not a medical professional and cannot be held responsible for any injury incurred during the class, or any problem arising as a result of a medical condition. **If you are receiving treatment from a medical professional, have recently had surgery or a serious accident or illness, or are on medication, please check with the medical professional whether this type of class is suitable for your condition or ask them to liaise with the teacher for guidance.** It is inappropriate for students suffering from certain medical conditions, or new students who are pregnant to attend a yoga or Pilates class without prior written consent from a medical professional. Your information is confidential; we will not sell, share, rent or otherwise distribute any personal information to third parties.

**Declaration**

I have read and fully understand this form and accept the terms stated above. I am participating in this session of my own free will. I confirm that, to the best of my knowledge, the answers given by me are correct and accurate. I know of no reason why I should not participate in any form of physical exercise or any activity suggested to me by Pauline Wood. I acknowledge that any suggestions are neither diagnostic nor prescriptive. I agree to notify you of any future changes to the above answers. You may use the information provided by me in this form together with any other information that I may provide to ascertain whether yoga/Pilates is appropriate for me. By signing this form I agree to the use of my information as stated in this form.

**Signature:**

**Date:**