

# AF Pilates & Yoga

## Physical Activity Readiness Questionnaire Health & Lifestyle Risk Factors

### PERSONAL DETAILS

Title: Mr/Mrs/Miss/Ms/Other:

Name:

Date of Birth:

Age:

Address:

Home Tel:

Mobile Tel:

Email:

### DOCTORS CONTACT DETAILS

Name:

Address:

Tel:

### MEDICAL DETAILS

Do you suffer from or have you been diagnosed with any of the following?

Asthma or other breathing difficulties	Yes	No
Hernia	Yes	No
Cancer	Yes	No
High/Low blood pressure	Yes	No
Cardiac/Heart Problems	Yes	No
Osteoporosis	Yes	No
Diabetes	Yes	No
A long standing medical condition (eg: Parkinsons, ME)	Yes	No
Digestive Complaints Other	Yes	No
Epilepsy	Yes	No
Is there a family history of any of the above conditions?	Yes	No

If yes please give details:

Have you ever been involved in any major accidents? (eg motor vehicle accidents) Yes No

Have you had any bone or stress fractures? Yes No

If yes do you have any metal plates, pins or screws in place? Yes No

Have you had any neck problems/injuries?	Yes	No
Have you had any back problems?	Yes	No
Have you any foot or ankle problems?	Yes	No
Have you had any other tendon or ligament problems/injuries?	Yes	No
Are these or any other injuries aggravated by exercise?	Yes	No

If yes please give details below:

Is there any condition or disability not covered by the above that I need to be aware of?	Yes	No
Are you or could you be pregnant?	Yes	No
If yes when is your due date?		
Is there anything about your pregnancy or history of pregnancy/birth you feel is relevant to your participation?	Yes	No

**LIFESTYLE**

How many units of alcohol do you drink in a typical week?

Do you smoke:	Yes	No
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If yes how many a day?

Have you smoked?	Yes	No
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If yes when did you give up

Would you say you suffer from stress at home or work?	Yes	No
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**Please 'X' your main reasons for starting exercise**

General Conditioning	Stress Management	Physical Strength	Relaxation
Flexibility/Mobility	Rehabilitation	Self Esteem	Posture
Core Stability	Weight Loss		

Do you currently exercise?	Yes	No	If yes what do you do?
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**AF Pilates & Yoga relies upon all clients fully disclosing all relevant facts and information that may be considered important prior to the commencement of any exercise programme. If you are in doubt about the importance of anything please discuss it with your instructor.**

**If you have any medical condition or are aware of any conditions that may affect you during your exercise programme you should consult your general practitioner prior to your commencement. You fully understand that you are responsible for monitoring your physical condition throughout any activity undertaken. Should any symptoms occur you will immediately inform your instructor.**

**You agree to hold AF Pilates & Yoga and all instructors absolutely free from any and all liability resulting from the services offered during training sessions.**

**We do not share your information with any other individuals, companies or websites. All information held is strictly confidential.**

**At AF Pilates & Yoga we aim to offer expert and quality tuition and associated services to the highest possible standard. Our instructors aim is to be positive, courteous, discreet and trustworthy to arrive and finish on time and to be a support in anyway they can during the session in order to get the best out of the client for the reason of the services offered.**

**Instructors at AF Pilates & Yoga will correct any students techniques should this be required to ensure they safely execute the exercises to avoid injury. During the session it is your responsibility to let your instructor know if they are too much, you are uncomfortable or have any other issue. If you are uncomfortable you should stop exercising.**

Sign name

Print Name

Date