



Pilates by Gosha Health Questionnaire & Consent Form

Name _____
First Last

Email address _____

Phone number _____ Mobile _____

Have you done Pilates before? Yes No

How did you hear about me?

Friend/Associate Google search Letter drop Physio Massage Therapist

Why have you decided to commence Pilates?

What aspect of your health would you like to focus on?

Posture Toning Strength Stress Management
Relaxation Lifestyle

What is your occupation? _____

Does your occupation involve a repetitive movements, or prolonged postures?

What other sports and hobbies are you involved in?

Are you currently experiencing any of the following conditions?

- Lower back pain Pelvic pain Any other spinal condition Any orthopedic conditions Heart conditions
- High or low blood pressure Epilepsy

Are you pregnant? Yes No If Yes, how many weeks are you? _____

Have you had any complications with your pregnancy? Yes No

Have you had any recent injuries or surgery? Yes No

Private and Confidential

- I declare that I have read the Medical Questionnaire and have completed it to the best of my knowledge.
- I understand that the Pilates program will begin at a low level and will be advanced in stages depending on my fitness level.
- I understand and agree that the therapist/instructor or I can stop the exercise session at any time if I am experiencing any symptoms of fatigue or discomfort or at risk of injury.
- I understand that there is a risk associated with undertaking any exercise program.
- I understand (a) whilst every care will be taken it is impossible to predict the body's exact response to exercise and (b) every effort will be made to minimize these risks by evaluation of preliminary information relating to the questionnaire and by observation fitness and technique during exercise.

For one-to-one sessions: I understand that the Pilates program will be specifically designed as a personal training plan and will take into account details about me given in my questionnaire and on the initial assessment. I understand that this program of exercise should only be undertaken when I have been given specific instructions to exercise on my own.

For class sessions: I understand that the Pilates program is designed for a general group and not specifically designed as a personal Pilates plan. Therefore I understand that the program of exercises should only be undertaken in a supervised Pilates class. Further, I understand and agree that if I perform any of the exercises outside the class then I do so at my own risk. I agree that Pilates by Gosha, shall not be liable for injuries I suffer in respect of:

1. Pilates exercises I perform outside of a supervised Pilates session.
2. Pilates exercises performed other than in accordance with the direction and instructions of the instructor.
3. Undertaking Pilates exercises while suffering from an injury or ailment of which I have not informed the instructor.
4. Mishap or injury inflicted by other participants of the Pilates group.
5. Any injury sustained while on the premises resulting from personal inattentiveness.

Signed _____

Date _____